Board of Physical Therapy
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room #1, Second Floor
Tuesday, November 15, 2016
9:30 a.m.

AMENDED AGENDA

Call to Order – Sarah Schmidt, PTA, MPA, Board President

Ordering of Agenda

Acceptance of Minutes – Tab 1 **Page 2**

Board Meeting – May 10, 2016
- Formal Hearing – May 10, 2016
- Physical Therapy Compact Subcommittee Meeting – September 27, 2016
- Physical Therapy Compact Subcommittee Meeting – October 25, 2016

Public Comment Period

Agency Director's Report – Dr. David Brown, DC

Staff Reports
- Executive Director's Report – **Corie E. Tillman Wolf, J.D., Executive Director (Tab 2) Page 24**
- Licensure Report – Missy Currier, **Deputy Executive Director, Licensure**
- Discipline Report – Lynne Helmick, **Deputy Executive Director, Discipline**

Board of Health Professions Report - Allen R. Jones, Jr., PT, DPT

Subcommittee Reports – Tab 3 **Page 33**
- Physical Therapy Compact Subcommittee – **Dixie Bowman, PT, DPT, EdD**

New Business
- Legislative and Regulatory Report – **Elaine Yeatts (Tab 4)** **Page 61**
  - Consideration of Change to Public Participation Guidelines
  - Consideration of CE Credit for Volunteer Service
  - PRT and oPTion – Consideration of Change in References
- FSBPT Fall Conference, November 2016 – **Sarah Schmidt, Dixie Bowman**
  - Update on Dry Needling Presentation – **Tracey Adler, PT, DPT**
  - Consideration of Board Selection of Delegates for FSBPT meetings – **Sarah Schmidt**
- LIF Meeting, August 2016 – **Sarah Schmidt**
- Election of Officers
- 2017 Schedule

Adjourn

Tab 1

UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES

The Virginia Board of Physical Therapy convened for a board meeting on Tuesday, May 10, 2016 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Sarah Schmidt, PTA, President
Allen R. Jones, Jr., PT, DPT
Dixie Bowman, PT, DPT, EdD
Tracey Adler, PT, DPT
Arkena Dailey, PT, DPT
Steve Lam, Citizen Member

BOARD MEMBERS ABSENT:
Melissa Wolff-Burke, PT, EdD

DHP STAFF PRESENT FOR THE MEETING:
Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
David Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst

QUORUM:
With 6 members present, a quorum was established.

GUEST PRESENT
Richard Grossman, VPTA
Tom Bohanon, VPTA
George Maihafer, VPTA PAC
Janet L. Borges, L.A.C
Lindsay Walton, Macaulay & Jameson. P.C.

CALLED TO ORDER
Sarah Schmidt, President, called the meeting to order at 9:33 a.m.

ORDERING OF THE AGENDA
The agenda was accepted as presented.

ACCEPTANCE OF MINUTES

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Dr. Dixie Bowman, the Board voted to accept the minutes of the November 20, 2015 Board Meeting. The motion carried unanimously.

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Dr. Tracey Adler, the Board voted to accept the following minutes:

- Formal Hearing – January 27, 2016
- Legislative/Regulatory Meeting – January 29, 2016
- Telephone Conference – March 3, 2016

The motion carried unanimously.

PUBLIC COMMENT

There was no public comment.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

Ms. Hahn stated this was a non-renewal revenue year and that the 2014 renewals will maintain a positive cash flow until the 2016 renewals occur.

Expenditure and Revenue Summary

Cash Balance as of June 30, 2015	$1,003,308
YTD FY16 Revenue	103,525
Direct and allocated expenditures	< 351,843>
Cash Balance as of 02/29/16	**$ 754,990**

FSBPT UPDATES

aPTitude– Tracking Continuing Competence

- 706 Licensees signed up
- 545 elected to share tracking
- 161 elected not to share

Exam Eligibility Changes

- Became effective January 1, 2016:
- Life time of 6 attempts
- 2 scores of 400 or below

The information has been on our website. FSBPT notified all applicants who had taken and had a failed attempt of the new eligibility requirement. The Board has received 6 appeal requests and 4 have been approved.

Annual Board Member Training - June 24-26th in Alexandria, VA

- Open to any board member who has never attended.
- It really provides a good overview of your role and responsibilities as a board member, regulatory information and how other states regulate; you will gain a better understanding of what FSBPT does for the profession as well as you will get to know the staff.
- It is also a great way to network with board members and administrators from other jurisdictions.
- FSBPT covers the cost of your hotel room, meals and mileage.
- Please let Missy know if you plan to attend.

2016 FSBPT Annual Meeting – November 3 – 5 in Columbus, Ohio

- FSBPT will fund the following to attend the annual meeting in Columbus:
  - Voting Delegate
  - Primary Alternate Delegate
  - Board Administrator

If you are selected as the voting delegate or board administrator, you will automatically receive travel authorizations to the Leadership Issues Forum in Alexandria, Virginia which is scheduled for the weekend of July 30-31.

FSBPT Alternate Approval Process

- Alternate approval means that FSBPT would approve candidates to sit for the NPTE instead of jurisdictions approving candidates.
- Licensure decisions would still be made by the jurisdiction after receiving NPTE scores from FSBPT.
- This process will be optional; jurisdictions will have to opt in to participate.
- It will be called "FSBPT Approval."

The Board will be shown a short webinar on the process at the end of the meeting.

Licensure Compact

Ms. Hahn reminded the board that they had the opportunity to hear Mark Lane from FSBPT present on the Licensure Compact during our fall meeting. She stated that to date, we are aware of two states that have passed the PTLC bill (Oregon and Tennessee).

Ms. Hahn continued that Virginia will have to make a decision on whether to pursue Legislation for the 2017 General Assembly Session. Ms. Hahn suggested that the Board President appoint an Adhoc Committee who will be tasked to work on Legislation.

Upon a motion by Arkena Dailey and properly seconded by Tracey Adler, the board voted to adopt an Adhoc Committee in support of pursing 2017 Legislation for the Licensure Compact. The motion carried unanimously.

oPTion

- oPTion is the Federation's newest continuing competence tool.
- It is a self-assessment tool created by the FSBPT to allow physical therapists to compare their knowledge, skills, and abilities to current entry-level general physical therapy practice. It is also an opportunity to review PT fundamentals.
- oPTion is available online and on demand from your personal computer.
- oPTion uses scenarios and multiple-choice questions that emphasize clinical application of knowledge necessary for safe, effective practice. Each scenario is followed by three to five multiple-choice questions, for a total of 100 questions.

Staff Notes

- If you have a change of address, email address, cell phone number, please remember to contact us so that we have the most current information.
- Please try to respond to email requests within a timely manner especially when the email requests a reply for availability or a response to a licensure or disciplinary question.
- Never "Reply All"

Thank you for all you hard work & dedication!

2016 Calendar

- August 16th
- November 15th

With no further questions, Ms. Hahn concluded her report and stated that Missy Currier would provide the Licensure Report and that Lynne Helmick would provide the Discipline Report. She also thanked both of them for their support and hard work keeping the boards running smoothly during the transition of her job as Chief Deputy of the Agency.

LICENSURE REPORT – Missy Currier, Deputy Executive Director, Licensure

Virginia Performs – FY2015

Customer Satisfaction – 98.9% overall

Thank you to the staff for providing excellent customer service, making sure all phone calls & emails are answered in a timely manner and for always going above and beyond when providing assistance!

Laura Mueller is the front line for the physical therapy board. Vicki Saxby and Heather Wright are cross trained and able to step in whenever necessary!

Licensee Statistics

	May 2016	**May 2015**	
PT	7,704	6,835	
PTA	3,133	2,812	
Total	10,837	9,647	(1,190)
DAccess	560	990	(430)

We have processed **356** licenses since last meeting in November 2015

Dr. Allen R. Jones, Jr. suggested that we include a footnote in future reports that the reason for the decrease in Direct Access registrations is because of the new law that became effective on July 1, 2015.

April 27, 2016 PT Exam Results:

92.4% VA pass rate / 7.14% VA fail

	# who took exam	# Passed	1st time test takers	Repeat test takers	# Failed	1st time testers	Repeat Test Takers
US Applicants	**278**	**260**	**255**	**5**	**18**	**13**	**5**
Non-CAPTE Applicants	**2**	**0**	**0**	**2**	**2**	**0**	**2**
Total	**280**	**260**	**255**	**7**	**20**	**13**	**7**

2016 YTD PT Exam Stats:

- 316 VA Applicants have taken exam

- 291/passed – 25/failed
- 92.09% pass rate

- 4 Non-CAPTE Applicants took exam
  - 1/passed – 3/failed
  - 25.0% pass rate

April 6, 2016 PTA Exam Results:

77.7% pass rate / 22.3% fail

	# who took exam	# Passed	1st time test takers	Repeat test takers	# Failed	1st time testers	Repeat Test Takers
US Applicants	**103**	**80**	**74**	**6**	**23**	**13**	**10**
Non-CAPTE Applicants	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**103**	**80**	**74**	**6**	**19**	**7**	**12**

2016 YTD PTA Exam Stats:

- 125 VA Applicants have taken exam
  - 88/passed – 37/failed
  - 80 first time test takers
  - 70.4% pass rate
  - 29.6% fail rate

2016 Remaining NPTE Exam Dates

- PT Exam:
  - July 19 & 20
  - October 27
- PTA Exam:
  - July 6
  - October 6

DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline

Discipline Statistics

4/28/16	**11/6/2015**
30 Total Cases	29 Total Cases
▸ 12 in Investigation	11 in Investigation
▸ 15 in Probable Cause	14 in Probable Cause
▸ 0 at APD	0 at APD
▸ 0 at IFC	3 at IFC
▸ 2 at Formal Stage	2 at Formal Stage
▸ 7 licensees in Compliance Monitoring	12 licensees in Compliance Monitoring

Virginia Performs

- **Q2 2016**
  - Clearance Rate – 91% (rec'd 11 – closed 10)
  - Pending Caseload older than 250 days – 0%
  - % of cases closed within 250 days – 100%
- **Q3 2016**
  - Clearance Rate-56% (rec'd 9 – closed 5)
  - Pending Caseload older than 250 days- 20%
  - % of cases closed within 250 days- 100%

Statistics on all cases

- **Q2 2016**
  - Received 17, closed 17
  - Average time to close was 117 (Agency average was 190.8)
  - % closed in 250 days was 100% (Agency average was 85.8%)

Dr. Allen R. Jones, Jr. suggested that Ms. Helmick include a footnote in future reports to substantiate why we may have not met the goal.

AGENCY DIRECTORS REPORT – Dr. David Brown

Dr. Brown shared how supportive the Agency is of board members and staff being actively engaged in Conferences and Educational Seminars related to their respective professions. He furthered that it is also our responsibility to ensure that we are always being mindful of budgets and doing our part to cut spending when necessary.

Dr. Brown stated that the Task Force on Heroin Abuse has concluded its work and that a number of Bills passed during the 2016 General Assembly that affected the Prescription Monitoring Program (PMP).

BREAK

The Board took a recess at 10:35 a.m. and reconvened at 10:55 a.m.

NEW BUSINESS

Legislative Report – Elaine Yeatts, Senior Policy Analyst

Ms. Yeatts stated that the 2016 General Assembly was very busy for the agency with a record number of Bills. She stated that there were two pieces of legislation that will affect all boards effective July 1, 2016:

1) Allowing people who volunteer to help others in health clinics or free clinics

Ms. Yeatts stated that the board would need to look at options for offering CE credit for volunteer work under these circumstances.

2) Use of confidential exhibits about somebody's mental or physical disability

Ms. Yeatts stated that the AG's office would be providing guidelines for the boards to follow.

Ms. Yeatts concluded that if the board wishes to pursue any 2017 legislation, they need to submit the information by early to mid-summer because the entire agency package gets submitted to the Secretaries office and the office of the Governor by mid-August.

Processing Licensure Applications - Guidance Document 112-23

Following Discussion, a motion was made by Dr. Allen Jones, Jr. and properly seconded by Dr. Tracey Adler to adopt Guidance Document 112-23. The motion carried unanimously.

Virginia Board of Physical Therapy
Guidelines for Processing Applications for Licensure:
Examination, Endorsement and Reinstatement

Applicants for licensure or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, registration, or certificate pursuant to authority delegated to the Executive Director of the Board of Physical Therapy as specified in the Bylaws of the Board. (*See* Article V, Bylaws.)

An applicant whose license, registration, or certificate has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. (Va. Code § 54.1-2408.) A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408.

Affirmative responses to any questions on applications for licensure, registration, or certification that might constitute grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, registration, or certificate, or impose sanction shall be referred to the Board President for guidance on how to proceed.

A criminal conviction for any felony may cause an applicant to be denied licensure or registration. (Va. Code § 54.1-3480.) Each applicant, however, is considered on an individual basis, and there are no criminal convictions or impairments that are an absolute bar to licensure or registration by the Board of Physical Therapy.

Applications for licensure, registration, and certification include questions about the applicant's history, including:

1. Any and all criminal convictions;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification, or registration in another state or jurisdiction; and
3. Any mental or physical illness or chemical dependency condition that could interfere with the applicant's ability to practice.

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Physical Therapy has the ultimate authority to approve or deny an applicant for licensure, registration, or certification. (Va. Code § 54.1-3480.)

The following information will be requested from an applicant with criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s).

The following information will be requested from an applicant with past disciplinary action or licensure/certification/registration denial in another state (unrelated to criminal convictions):

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity;
- A certified copy of any subsequent actions (i.e. reinstatement), if applicable; and
- A letter from the applicant explaining the factual circumstances leading to the action or denial.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of the applicant's ability to practice safely; and
- A letter from the applicant explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.).

The Executive Director may approve the application without referral to the Board President in the following cases:

1. The applicant's history of a criminal conviction does <u>not</u> constitute grounds for denial (any felony or any misdemeanor involving moral turpitude) or constitute grounds for Board action pursuant to §54.1-3480 of the Code of Virginia. (Article V, Bylaws; Va. Code § 54.1-3480.)
2. The applicant has a history of criminal conviction for felonies or misdemeanors involving moral turpitude, but the following criteria are met:
   - Conviction history includes only misdemeanors which are greater than 5 years old, as long as court requirements have been met;
   - If one misdemeanor conviction is less than 5 years old, the court requirements have been met, and the crime was unrelated to the license or registration sought; or
   - If the applicant was convicted of one felony more than 10 years ago, when that one felony was non-violent in nature and all court/probationary/parole requirements have been met.

3. Reported juvenile convictions.
4. Applicants with a conviction history previously reviewed and approved by the Board of Physical Therapy, provided no subsequent criminal convictions exist. (Article V, Bylaws.)

Bylaws - Guidance Document 112-1

Following Discussion, a motion was made by Dr. Arkena Dailey and properly seconded by Dr. Allen Jones, Jr. to adopt the proposed amendments to Guidance Document 112-1. The motion carried unanimously.

VIRGINIA BOARD OF PHYSICAL THERAPY
BYLAWS

ARTICLE I: GENERAL

The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th. ~~At the board meeting of the second quarter of the year, the Board shall elect from its members a President and Vice-President with an effective date of the next regularly scheduled Board meeting. The term of office shall be one year.~~ The officers of the Board of Physical Therapy shall be a President and a Vice-President. At the last regularly scheduled meeting of the organizational year, the board shall elect its officers. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-President shall act as President in the absence of the President.
3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF THE BUSINESS MEETINGS

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Approval of minutes.

3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.

3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees

There may be **Ad Hoc Committees,** appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V.: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.

2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action.

3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents. New or revised forms must be presented to the Board at its next regularly scheduled meeting.

4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.

5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

6. The Board delegates to the President, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

7. The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. The Board may delegate to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

8. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

Legislative/Regulatory Committee Report – Elaine Yeatts & Tracey Adler, PT, DPT

Ms. Yeatts provided the genesis for the action of proposing regulations regarding dry needling. She stated that the board submitted a NOIRA in November of 2015 to enact regulations in lieu of the current guidance document on dry needling. The public comment period ran from November through December 30, 2015. Ms. Yeatts stated that the board received 1,496 comments on the Regulatory Townhall and several others from acupuncture-related organizations; the majority consisted of objection raised by acupuncturists who contend that dry needling is the practice of acupuncture and that physical therapists are not sufficiently trained in the procedure. Comment was also received from physical therapists who responded that dry needling is within their scope of practice.

Dr. Tracey Adler provided the following Committee report as well as presented the draft regulatory verbiage:

> The purpose of the NOIRA is 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. Adding language to our regulations specific to dry needling provides the board with the authority to take action if necessary.
>
> The committee met on January 10th and discussed and reviewed all public comments received on the Notice if Intent of regulatory action (NOIRA) regarding the practice of dry needling. The Committee and Staff determined that further research was needed in order to recommend specific regulatory language for consideration by the full board. The committee began its review of literature, educational programs and other state regulations.
>
> Following, staff met with Dr. Brown and Elaine Yeatts to review the educational research conducted by the committee. It was determined that we do not place any additional training requirements on other advanced procedures or techniques used by PT's. Staff consulted with

members of the committee on a similar approach. Therefore, the committee agreed and recommends not specifying a specific number of hours of training for dry needling. The committee feels that the burden of proof of sufficient education and training should be placed on the licensee.

Here today, DHP and the Committee present the following draft regulations:

DRAFT

18VAC112-20-121. Performance of dry needling.

A. Dry needling is an invasive procedure which requires referral and direction in accordance with § 54.1-3482 (D) of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry-level skill and cannot be delegated. Dry needling is an advanced procedure that requires additional training. The training shall be specific to dry needling and shall include face to face laboratory instruction, detailed anatomy, emergency preparedness and response, responses and complications, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses. The licensed physical therapist bears the burden of proof of sufficient post-entry-level education and training.

C. Prior to the performance of dry needling, the physical therapist shall obtain an informed consent form from the patient or his representative. The informed consent shall include the risks and benefits of the technique and shall clearly state that the patient is not receiving an acupuncture treatment. The informed consent form shall be maintained in the patient record.

Members of the board commended the committee for their hard work.

Upon a motion by Dr. Dixie Bowman and properly seconded by Dr. Allen R. Jones, Jr., the board voted to accept the proposed regulations as written regarding the performance of dry needling. The Motion carried unanimously.

Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones reported that the BHP met on May 5, 2016 and the meeting went according to the agenda. Highlights of the meeting included:

- Awareness to opiate/ heroin abuse and the agency becoming more proactive than complaint driven.
- Legislative report included physicians reporting to the PMP every 24 hours and not 7 days when prescribing opiates > 14 days.

- Diane powers provided a detailed report on the role of media relations and the initiative for a digital platform.
- A retreat followed the meeting and the board adopted its Bylaws and reviewed statues and regulations.
- Dr. Jones was appointed Chair of the Enforcement Committee which will provide internal analysis of enforcement issues.

Webinar – FSBPT Enhanced NPTE Registration Processing

The Board watched a webinar on the Alternate Pathway Approval Process for students who register to take the NPTE. Although the webinar provided good background information regarding the process, the members and staff had questions that needed clarification. The Board agreed to learn more about the process before they commit to opting into the program.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:45 a.m.

Sarah Schmidt, PTA, MPA, President	Corie Tillman Wolf, J.D., Executive Director
Date	Date

DRAFT UNAPPROVED

VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING
MINUTES

Tuesday, May 10, 2016
2:00 P.M.

Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

CALL TO ORDER:	The Formal Administrative Hearing of the Board of Physical Therapy was called to order at 2:10 p.m.
MEMBERS PRESENT:	Sarah Schmidt, P.T.A., Chair Arkena L. Dailey, PT, DPT Dixie Bowman, P.T., DPT, EdD Allen Jones, Jr., P.T., PhD. Tracey Adler, P.T., DPT Steve Lam, Citizen Member
MEMBERS ABSENT:	Melissa Wolff-Burke, P.T., EdD
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General
DHP STAFF PRESENT:	Lisa R. Hahn, Executive Director Missy Currier, Deputy Executive Director Lynne Helmick, Deputy Executive Director Kathy Petersen, Discipline Operations Manager
COURT REPORTER:	Andrea Pegram, Certified Court Reporter
PARTIES ON BEHALF OF THE COMMONWEALTH:	David Kazzie, Adjudication Specialist
COMMONWEALTH WITNESS:	Gayle Miller, DHP Senior Investigator
RESPONDENT'S COUNSEL:	Dr. Ramon Rodriguez, III, Esq.
RESPONDENT'S WITNESSES:	Elizabeth Gotwals, LCSW Dr. Harvey Shapiro (via telephone)

MATTER SCHEDULED:	**Douglas Palmer, P.T.** **Reinstatement Applicant** **License No.: 2305-006111 - Suspended** **Case No.: 159156**
ESTABLISHMENT OF A QUORUM:	With six (6) members of the Board present, a quorum was established.
DISCUSSION:	Mr. Palmer appeared before the Board in accordance with the Amended Notice of Formal Hearing dated April 1, 2016, and was represented by Dr. Ramon Rodriguez, Esq. The Board received evidence and sworn testimony from witnesses called by both parties, regarding the matters as set forth in the Statement of Particulars.
CLOSED SESSION:	Upon a motion by Allen Jones, Jr., and duly seconded by Arkena Dailey, the Board voted unanimously to convene a closed meeting at 4:00 p.m., 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 Douglas A. Palmer, P.T. Reinstatement Applicant. Additionally, he moved that Ms. Hahn, Ms. Barrett, Ms. Helmick, Ms. Petersen and Ms. Currier attend the closed meeting as their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.
RECONVENE:	Upon a motion by Tracey Adler, and duly seconded by Arkena Dailey, the Board unanimously voted to reconvene at 4:25 p.m.
CERTIFICATION:	Allen Jones, Jr. certified that the matters discussed in the closed session met the requirements of §2.2-3712 of the Code of Virginia. The Board reconvened in open session.

DECISION: Upon a motion by Dixie Bowman and duly seconded by Arkena Dailey, the Board moved to reinstate the license of Douglas A. Palmer, PT, to practice as a physical therapist in the Commonwealth of Virginia.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 4:31 p.m.

Sarah Schmidt, PTA, Chair

Corie Tillman Wolf, J.D. Executive Director

Date

Date

Board of Physical Therapy
Subcommittee Meeting on Licensure Compact
September 27, 2016

DRAFT MEETING MINUTES

The Virginia Board of Physical Therapy Subcommittee met on Tuesday, September 27, 2016 at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Training Room #2, Henrico, Virginia.

SUBCOMMITTEE MEMBERS PRESENT:

Dixie Bowman, PT, DPT, EdD, Chair
Sarah Schmidt, PT, MPA, Board President
Allen Jones, Jr. PT, DPT

DHP STAFF PRESENT:

Corie E. Tillman Wolf, Executive Director
Lisa R. Hahn, Chief Deputy
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

QUORUM:

With 3 members present, a quorum was established.

GUESTS PRESENT

Tom Bohanon, PT, DPT, VPTA
Richard Grossman, VPTA

CALLED TO ORDER

The Subcommittee meeting was called to order at 1:35 p.m.

ISSUE FOR DISCUSSION

The Subcommittee, staff and guests discussed at length the Physical Therapy Licensure Compact; the scope and current status of the compact; the potential impact in Virginia; the point of view from VPTA; the steps required for legislation; what additional information is needed; and the next steps.

FOLLOWUP FROM DISCUSSION

The Subcommittee formulated questions and information required for further discussion at the next meeting. The Subcommittee discussed having a representative from the Federation of State Physical Therapy Boards (FSBPT) available to answer questions regarding the criminal

background check requirement, the term "investigative information," the renewal process, the anticipated fees for joining the Commission, and the scope of rules of the Commission. The Subcommittee further discussed having Board counsel present to answer questions related to legal and/or legislative issues. The Board discussed inviting a staff representative from the Board of Nursing to discuss the Nurse Licensure Compact (NLC) and how the Board of Nursing has managed the exchange of information, the processing of disciplinary cases, and the fee structure of the NLC Commission. Finally, the Subcommittee discussed obtaining a cost projection to determine the potential financial impact on the Board.

NEXT MEETING

Optional meeting dates were provided to the members and notification will be made once a final date is set. The Subcommittee requested that the following people be included in the meeting in order to aid the Subcommittee in their decisions:

Erin Barrett, Board Counsel
Mark Lane – FSBPT
A representative from Board of Nursing on Licensure Compact

ADJOURNMENT

With no further business, the meeting was adjourned at 3:30 p.m.

Dixie H. Bowman, PT, DPT, EdD, Chair	Corie E. Tillman Wolf, Executive Director
Date	Date

Board of Physical Therapy
Subcommittee Meeting on Licensure Compact
October 25, 2016

DRAFT MEETING MINUTES

The Virginia Board of Physical Therapy Subcommittee met on Tuesday, October 25, 2016 at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Training Room #2, Henrico, Virginia.

SUBCOMMITTEE MEMBERS PRESENT:

Dixie Bowman, PT, DPT, EdD, Chair
Sarah Schmidt, PT, MPA, Board President
Allen Jones, Jr. PT, DPT

DHP STAFF PRESENT:

Corie E. Tillman Wolf, Executive Director
Lisa R. Hahn, Chief Deputy
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

GUEST PRESENT

Richard Grossman, VPTA

GUEST PRESENT VIA TELEPHONE

Leslie Adrian, PT, DPT, MPA, Director of Professional Standards
Federation of State Boards of Physical Therapy (FSBPT)

QUORUM:

With 3 members present, a quorum was established.

CALLED TO ORDER

The Subcommittee meeting was called to order at 10:05 a.m.

DISCUSSION

Much discussion took place during this second meeting regarding the scope, the legal implications, cost projections, and potential impact of the Physical Therapy Licensure Compact in Virginia. Leslie Adrian from FSBPT answered questions related to the proposed structure of the Compact, the role of the Compact Commission, and the Compact's language. Jay Douglas provided valuable information regarding the Board of Nursing's experience with the Nurse Licensure Compact, including how disciplinary cases are managed between states, the benefits of a Compact, and the impact on staff.

NEXT STEPS

The Subcommittee agreed to the following recommendations for next steps:

- Work on additional cost projections to determine the potential financial impact on the Board.
- Gather data on the number of traveling Physical Therapists and Physical Therapist Assistants in order to project what the demand may look like in Virginia.
- Erin Barrett, Board Counsel, and Corie Tillman Wolf to consult with Rick Masters, an attorney representing FSBPT, to clarify certain legal verbiage in the Compact.
- Ms. Bowman to provide a report on the Subcommittee's work to the Board during the November 15th meeting.

ADJOURNMENT

Ms. Bowman thanked everyone for their participation in the meeting.

With no further business, the meeting was adjourned at 11:35 a.m.

Dixie H. Bowman, PT, DPT, EdD, Chair	Corie E. Tillman Wolf, Executive Director
Date	Date

Tab 2

Virginia Department of Health Professions
Cash Balance
As of September 30, 2016

	116- Physical Therapy
Board Cash Balance as of June 30, 2016	$ 712,466
YTD FY17 Revenue	36,125
Less: YTD FY17 Direct and In-Direct Expenditures	144,199
Board Cash Balance as September 30, 2016	604,392

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	29,750.00	126,000.00	96,250.00	23.61%
4002406	License & Renewal Fee	2,555.00	1,124,390.00	1,121,835.00	0.23%
4002407	Dup. License Certificate Fee	240.00	550.00	310.00	43.64%
4002409	Board Endorsement - Out	3,190.00	5,900.00	2,710.00	54.07%
4002421	Monetary Penalty & Late Fees	300.00	5,235.00	4,935.00	5.73%
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	100.00%
	Total Fee Revenue	36,070.00	1,262,110.00	1,226,040.00	2.86%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	55.00	-	(55.00)	0.00%
	Total Sales of Prop. & Commodities	55.00	-	(55.00)	0.00%
	Total Revenue	36,125.00	1,262,110.00	1,225,985.00	2.86%
5011110	Employer Retirement Contrib.	3,349.22	11,395.00	8,045.78	29.39%
5011120	Fed Old-Age Ins- Sal St Emp	1,725.33	6,552.00	4,826.67	26.33%
5011130	Fed Old-Age Ins- Wage Earners	64.46	561.00	496.54	11.49%
5011140	Group Insurance	318.54	1,107.00	788.46	28.78%
5011150	Medical/Hospitalization Ins.	7,023.18	24,383.00	17,359.82	28.80%
5011160	Retiree Medical/Hospitalizatn	286.19	997.00	710.81	28.71%
5011170	Long term Disability Ins	162.68	558.00	395.32	29.15%
	Total Employee Benefits	12,929.60	45,553.00	32,623.40	28.38%
5011200	Salaries				
5011230	Salaries, Classified	24,637.48	84,471.00	59,833.52	29.17%
5011250	Salaries, Overtime	40.94	-	(40.94)	0.00%
	Total Salaries	24,678.42	84,471.00	59,792.58	29.22%
5011300	Special Payments				
5011310	Bonuses and Incentives	150.00	-	(150.00)	0.00%
5011380	Deferred Compnstn Match Pmts	84.00	768.00	684.00	10.94%
	Total Special Payments	234.00	768.00	534.00	30.47%
5011400	Wages				
5011410	Wages, General	842.52	7,339.00	6,496.48	11.48%
	Total Wages	842.52	7,339.00	6,496.48	11.48%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	38,684.54	138,131.00	99,446.46	28.01%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	33.15	5.00	(28.15)	663.00%
5012140	Postal Services	1,371.46	10,000.00	8,628.54	13.71%
5012150	Printing Services	-	600.00	600.00	0.00%
5012160	Telecommunications Svcs (VITA)	245.91	1,000.00	754.09	24.59%
5012170	Telecomm. Svcs (Non-State)	94.36	-	(94.36)	0.00%
	Total Communication Services	1,744.88	11,605.00	9,860.12	15.04%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012200	Employee Development Services				
5012210	Organization Memberships	-	2,500.00	2,500.00	0.00%
5012240	Employee Trainng/Workshop/Conf	121.67	1,000.00	878.33	12.17%
	Total Employee Development Services	121.67	3,500.00	3,378.33	3.48%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	300.00	300.00	0.00%
	Total Health Services	-	300.00	300.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	35.81	18,000.00	17,964.19	0.20%
5012440	Management Services	47.60	4,000.00	3,952.40	1.19%
5012470	Legal Services	165.00	300.00	135.00	55.00%
5012490	Recruitment Services	86.00	-	(86.00)	0.00%
	Total Mgmnt and Informational Svcs	334.41	22,300.00	21,965.59	1.50%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
	Total Repair and Maintenance Svcs	-	25.00	25.00	0.00%
5012600	Support Services				
5012630	Clerical Services	-	19.00	19.00	0.00%
5012640	Food & Dietary Services	-	750.00	750.00	0.00%
5012660	Manual Labor Services	37.25	700.00	662.75	5.32%
5012670	Production Services	315.99	2,245.00	1,929.01	14.08%
5012680	Skilled Services	3,687.60	13,000.00	9,312.40	28.37%
	Total Support Services	4,040.84	16,714.00	12,673.16	24.18%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	23.22	3,000.00	2,976.78	0.77%
5012840	Travel, State Vehicles	-	1,500.00	1,500.00	0.00%
5012850	Travel, Subsistence & Lodging	-	1,500.00	1,500.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	300.00	300.00	0.00%
	Total Transportation Services	23.22	6,300.00	6,276.78	0.37%
	Total Contractual Svs	6,265.02	60,744.00	54,478.98	10.31%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	184.61	1,000.00	815.39	18.46%
	Total Administrative Supplies	184.61	1,000.00	815.39	18.46%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	-	15.00	15.00	0.00%
	Total Repair and Maint. Supplies	-	15.00	15.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	200.00	200.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Residential Supplies	-	200.00	200.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	184.61	1,275.00	1,090.39	14.48%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	29.00	29.00	0.00%
	Total Insurance-Fixed Assets	-	29.00	29.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1.37	-	(1.37)	0.00%
5015350	Building Rentals	0.81	-	(0.81)	0.00%
5015390	Building Rentals - Non State	1,913.45	7,332.00	5,418.55	26.10%
	Total Operating Lease Payments	1,915.63	7,332.00	5,416.37	26.13%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	107.00	107.00	0.00%
5015540	Surety Bonds	-	7.00	7.00	0.00%
	Total Insurance-Operations	-	114.00	114.00	0.00%
	Total Continuous Charges	1,915.63	7,475.00	5,559.37	25.63%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022180	Computer Software Purchases	256.62	-	(256.62)	0.00%
	Total Computer Hrdware & Sftware	256.62	-	(256.62)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%
	Total Office Equipment	-	35.00	35.00	0.00%
	Total Equipment	256.62	95.00	(161.62)	270.13%
	Total Expenditures	47,306.42	207,720.00	160,413.58	22.77%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	19,846.82	103,604.90	83,758.08	19.16%
30100	Data Center	17,371.29	88,523.33	71,152.04	19.62%
30200	Human Resources	887.64	25,155.88	24,268.24	3.53%
30300	Finance	15,404.11	45,751.94	30,347.84	33.67%
30400	Director's Office	6,920.82	26,909.81	19,989.00	25.72%
30500	Enforcement	21,485.91	63,543.61	42,057.70	33.81%
30600	Administrative Proceedings	2,045.90	18,570.22	16,524.32	11.02%
30700	Impaired Practitioners	333.07	1,038.40	705.33	32.08%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30800	Attorney General	5,795.43	22,879.75	17,084.33	25.33%
30900	Board of Health Professions	3,088.52	17,743.96	14,655.44	17.41%
31100	Maintenance and Repairs		434.88	434.88	0.00%
31300	Emp. Recognition Program	183.88	321.93	138.05	57.12%
31400	Conference Center	166.68	228.66	61.97	72.90%
31500	Pgm Devlpmnt & Implmentn	3,362.77	13,729.48	10,366.71	24.49%
	Total Allocated Expenditures	96,892.84	428,436.77	331,543.93	22.62%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (108,074.26)	$ 625,953.23	$ 734,027.49	17.27%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	6,965.00	11,600.00	11,185.00	29,750.00
4002406	License & Renewal Fee	700.00	1,225.00	630.00	2,555.00
4002407	Dup. License Certificate Fee	70.00	100.00	70.00	240.00
4002409	Board Endorsement - Out	830.00	1,340.00	1,020.00	3,190.00
4002421	Monetary Penalty & Late Fees	125.00	75.00	100.00	300.00
4002432	Misc. Fee (Bad Check Fee)	-	35.00	-	35.00
	Total Fee Revenue	8,690.00	14,375.00	13,005.00	36,070.00
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	45.00	10.00	-	55.00
	Total Sales of Prop. & Commodities	45.00	10.00	-	55.00
	Total Revenue	8,735.00	14,385.00	13,005.00	36,125.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	1,450.06	949.58	949.58	3,349.22
5011120	Fed Old-Age Ins- Sal St Emp	732.93	500.37	492.03	1,725.33
5011130	Fed Old-Age Ins- Wage Earners	56.27	8.19	-	64.46
5011140	Group Insurance	134.10	92.22	92.22	318.54
5011150	Medical/Hospitalization Ins.	2,959.42	2,031.88	2,031.88	7,023.18
5011160	Retiree Medical/Hospitalizatn	120.03	83.08	83.08	286.19
5011170	Long term Disability Ins	69.72	46.48	46.48	162.68
	Total Employee Benefits	5,522.53	3,711.80	3,695.27	12,929.60
5011200	Salaries				
5011230	Salaries, Classified	10,558.92	7,039.28	7,039.28	24,637.48
5011250	Salaries, Overtime	-	-	40.94	40.94
	Total Salaries	10,558.92	7,039.28	7,080.22	24,678.42
5011310	Bonuses and Incentives	-	150.00	-	150.00
5011380	Deferred Compnstn Match Pmts	36.00	24.00	24.00	84.00
	Total Special Payments	36.00	174.00	24.00	234.00
5011400	Wages				-
5011410	Wages, General	735.42	107.10	-	842.52
	Total Wages	735.42	107.10	-	842.52
	Total Personal Services	16,852.87	11,032.18	10,799.49	38,684.54
5012000	Contractual Svs				-
5012100	Communication Services				-
5012110	Express Services	21.67	5.47	6.01	33.15
5012140	Postal Services	840.64	80.52	450.30	1,371.46
5012160	Telecommunications Svcs (VITA)	96.62	77.09	72.20	245.91
5012170	Telecomm. Svcs (Non-State)	40.44	26.96	26.96	94.36

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	July	August	September	Total
	Total Communication Services	999.37	190.04	555.47	1,744.88
5012200	Employee Development Services				
5012240	Employee Trainng/Workshop/Conf	-	121.67	-	121.67
	Total Employee Development Services	-	121.67	-	121.67
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	15.29	11.73	8.79	35.81
5012440	Management Services	-	47.60	-	47.60
5012470	Legal Services	165.00	-	-	165.00
5012490	Recruitment Services	86.00	-	-	86.00
	Total Mgmnt and Informational Svcs	266.29	59.33	8.79	334.41
5012600	Support Services				
5012660	Manual Labor Services	10.86	10.93	15.46	37.25
5012670	Production Services	168.24	51.45	96.30	315.99
5012680	Skilled Services	1,229.20	1,229.20	1,229.20	3,687.60
	Total Support Services	1,408.30	1,291.58	1,340.96	4,040.84
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	23.22	-	-	23.22
	Total Transportation Services	23.22	-	-	23.22
	Total Contractual Svs	2,697.18	1,662.62	1,905.22	6,265.02
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	39.09	26.03	119.49	184.61
	Total Administrative Supplies	39.09	26.03	119.49	184.61
	Total Supplies And Materials	39.09	26.03	119.49	184.61
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1.37	-	-	1.37
5015350	Building Rentals	-	0.81	-	0.81
5015390	Building Rentals - Non State	606.77	699.91	606.77	1,913.45
	Total Operating Lease Payments	608.14	700.72	606.77	1,915.63
	Total Continuous Charges	608.14	700.72	606.77	1,915.63
5022000	Equipment				
5022180	Computer Software Purchases	-	256.62	-	256.62
	Total Computer Hrdware & Sftware	-	256.62	-	256.62
	Total Equipment	-	256.62	-	256.62
	Total Expenditures	20,197.28	13,678.17	13,430.97	47,306.42

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2016 and Ending September 30, 2016

Account Number	Account Description	July	August	September	Total
	Net Revenue in Excess (Shortfall) of Expenditures Before Allocated Expenditures	$ (11,462.28)	$ 706.83	$ (425.97)	(11,181.42)
	Allocated Expenditures				
20600	Funeral\LTCA\PT	6,131.48	4,890.26	8,825.09	19,846.82
30100	Data Center	6,674.04	7,587.57	3,109.68	17,371.29
30200	Human Resources	46.77	781.47	59.40	887.64
30300	Finance	7,778.01	4,564.90	3,061.19	15,404.11
30400	Director's Office	2,775.94	1,936.07	2,208.81	6,920.82
30500	Enforcement	11,065.19	6,058.75	4,361.98	21,485.91
30600	Administrative Proceedings	1,211.15	703.85	130.90	2,045.90
30700	Impaired Practitioners	138.98	97.91	96.19	333.07
30800	Attorney General	-	-	5,795.43	5,795.43
30900	Board of Health Professions	1,185.59	964.18	938.76	3,088.52
31300	Emp. Recognition Program	43.73	140.15	-	183.88
31400	Conference Center	22.58	20.92	123.19	166.68
31500	Pgm Devlpmnt & Implmentn	1,363.58	913.79	1,085.40	3,362.77
	Total Allocated Expenditures	38,437.02	28,659.82	29,796.00	96,892.84
	Net Revenue in Excess (Shortfall) of Expenditures	$ (49,899.30)	$ (27,952.99)	$ (30,221.97)	$ (108,074.26)

Tab 3

PHYSICAL THERAPY LICENSURE COMPACT

SECTION 1. PURPOSE

The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
2. Enhance the states' ability to protect the public's health and safety;
3. Encourage the cooperation of member states in regulating multi-state physical therapy practice;
4. Support spouses of relocating military members;
5. Enhance the exchange of licensure, investigative, and disciplinary information between member states; and
6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

1. **"Active Duty Military"** means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.

24 2. **"Adverse Action"** means disciplinary action taken by a physical therapy
25 licensing board based upon misconduct, unacceptable performance, or a
26 combination of both.
27 3. **"Alternative Program"** means a non-disciplinary monitoring or practice
28 remediation process approved by a physical therapy licensing board. This
29 includes, but is not limited to, substance abuse issues.
30 4. **"Compact privilege"** means the authorization granted by a remote state to allow
31 a licensee from another member state to practice as a physical therapist or work
32 as a physical therapist assistant in the remote state under its laws and rules. The
33 practice of physical therapy occurs in the member state where the patient/client is
34 located at the time of the patient/client encounter.
35 5. **"Continuing competence"** means a requirement, as a condition of license
36 renewal, to provide evidence of participation in, and/or completion of,
37 educational and professional activities relevant to practice or area of work.
38 6. **"Data system"** means a repository of information about licensees, including
39 examination, licensure, investigative, compact privilege, and adverse action.
40 7. **"Encumbered license"** means a license that a physical therapy licensing board
41 has limited in any way.
42 8. **"Executive Board"** means a group of directors elected or appointed to act on
43 behalf of, and within the powers granted to them by, the Commission.
44 9. **"Home state"** means the member state that is the licensee's primary state of
45 residence.

46 10. **"Investigative information"** means information, records, and documents
47 received or generated by a physical therapy licensing board pursuant to an
48 investigation.
49 11. **"Jurisprudence Requirement"** means the assessment of an individual's
50 knowledge of the laws and rules governing the practice of physical therapy in a
51 state.
52 12. **"Licensee"** means an individual who currently holds an authorization from the
53 state to practice as a physical therapist or to work as a physical therapist assistant.
54 13. **"Member state"** means a state that has enacted the Compact.
55 14. **"Party state"** means any member state in which a licensee holds a current
56 license or compact privilege or is applying for a license or compact privilege.
57 15. **"Physical therapist"** means an individual who is licensed by a state to practice
58 physical therapy.
59 16. **"Physical therapist assistant"** means an individual who is licensed/certified by a
60 state and who assists the physical therapist in selected components of physical
61 therapy.
62 17. **"Physical therapy," "physical therapy practice," and "the practice of**
63 **physical therapy"** mean the care and services provided by or under the direction
64 and supervision of a licensed physical therapist.
65 18. **"Physical Therapy Compact Commission" or "Commission"** means the
66 national administrative body whose membership consists of all states that have
67 enacted the Compact.

68 19. **"Physical therapy licensing board" or "licensing board"** means the agency of
69 a state that is responsible for the licensing and regulation of physical therapists
70 and physical therapist assistants.
71 20. **"Remote State"** means a member state other than the home state, where a
72 licensee is exercising or seeking to exercise the compact privilege.
73 21. **"Rule"** means a regulation, principle, or directive promulgated by the
74 Commission that has the force of law.
75 22. **"State"** means any state, commonwealth, district, or territory of the United
76 States of America that regulates the practice of physical therapy.

77 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

78 A. To participate in the Compact, a state must:
79 1. Participate fully in the Commission's data system, including using the
80 Commission's unique identifier as defined in rules;
81 2. Have a mechanism in place for receiving and investigating complaints
82 about licensees;
83 3. Notify the Commission, in compliance with the terms of the Compact and
84 rules, of any adverse action or the availability of investigative information
85 regarding a licensee;
86 4. Fully implement a criminal background check requirement, within a time
87 frame established by rule, by receiving the results of the Federal Bureau of
88 Investigation record search on criminal background checks and use the
89 results in making licensure decisions in accordance with Section 3.B.4.;
90 5. Comply with the rules of the Commission;

91 6. Utilize a recognized national examination as a requirement for licensure
92 pursuant to the rules of the Commission; and
93 7. Have continuing competence requirements as a condition for license
94 renewal.
95 B. Upon adoption of this statute, the member state shall have the authority to obtain
96 biometric-based information from each physical therapy licensure applicant and submit this
97 information to the Federal Bureau of Investigation for a criminal background check in accordance
98 with 28 U.S.C. §534 and 42 U.S.C. §14616.
99 C. A member state shall grant the compact privilege to a licensee holding a valid
100 unencumbered license in another member state in accordance with the terms of the Compact and
101 rules.
102 D. Member states may charge a fee for granting a compact privilege
103
104 **SECTION 4. COMPACT PRIVILEGE**
105 A. To exercise the compact privilege under the terms and provisions of the Compact,
106 the licensee shall:
107 1. Hold a license in the home state;
108 2. Have no encumbrance on any state license;
109 3. Be eligible for a compact privilege in any member state in accordance
110 with Section 4D, G and H;
111 4. Have not had any adverse action against any license or compact privilege
112 within the previous 2 years;
113 5. Notify the Commission that the licensee is seeking the compact privilege
114 within a remote state(s);

115 6. Pay any applicable fees, including any state fee, for the compact
116 privilege;
117 7. Meet any jurisprudence requirements established by the remote state(s) in
118 which the licensee is seeking a compact privilege; and
119 8. Report to the Commission adverse action taken by any non-member state
120 within 30 days from the date the adverse action is taken.
121 B. The compact privilege is valid until the expiration date of the home license. The
122 licensee must comply with the requirements of Section 4.A. to maintain the compact
123 privilege in the remote state.
124 C. A licensee providing physical therapy in a remote state under the compact
125 privilege shall function within the laws and regulations of the remote state.
126 D. A licensee providing physical therapy in a remote state is subject to that state's
127 regulatory authority. A remote state may, in accordance with due process and that state's
128 laws, remove a licensee's compact privilege in the remote state for a specific period of
129 time, impose fines, and/or take any other necessary actions to protect the health and
130 safety of its citizens. The licensee is not eligible for a compact privilege in any state until
131 the specific time for removal has passed and all fines are paid.
132 E. If a home state license is encumbered, the licensee shall lose the compact
133 privilege in any remote state until the following occur:
134 1. The home state license is no longer encumbered; and
135 2. Two years have elapsed from the date of the adverse action.

136 F. Once an encumbered license in the home state is restored to good standing, the
137 licensee must meet the requirements of Section 4A to obtain a compact privilege in any
138 remote state.
139 G. If a licensee's compact privilege in any remote state is removed, the individual
140 shall lose the compact privilege in any remote state until the following occur:
141 1. The specific period of time for which the compact privilege was removed
142 has ended;
143 2. All fines have been paid; and
144 3. Two years have elapsed from the date of the adverse action.
145 H. Once the requirements of Section 4G have been met, the license must meet the
146 requirements in Section 4A to obtain a compact privilege in a remote state.

147 **SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

148 A licensee who is active duty military or is the spouse of an individual who is active duty
149 military may designate one of the following as the home state:
150 A. Home of record;
151 B. Permanent Change of Station (PCS); or
152 C. State of current residence if it is different than the PCS state or home of record.

153 **SECTION 6. ADVERSE ACTIONS**

154 A. A home state shall have exclusive power to impose adverse action against a
155 license issued by the home state.
156 B. A home state may take adverse action based on the investigative information of a
157 remote state, so long as the home state follows its own procedures for imposing
158 adverse action.

159 C. Nothing in this Compact shall override a member state's decision that
160 participation in an alternative program may be used in lieu of adverse action and
161 that such participation shall remain non-public if required by the member state's
162 laws. Member states must require licensees who enter any alternative programs in
163 lieu of discipline to agree not to practice in any other member state during the
164 term of the alternative program without prior authorization from such other
165 member state.
166 D. Any member state may investigate actual or alleged violations of the statutes and
167 rules authorizing the practice of physical therapy in any other member state in
168 which a physical therapist or physical therapist assistant holds a license or
169 compact privilege.
170 E. A remote state shall have the authority to:
171 1. Take adverse actions as set forth in Section 4.D. against a licensee's
172 compact privilege in the state;
173 2. Issue subpoenas for both hearings and investigations that require the
174 attendance and testimony of witnesses, and the production of evidence.
175 Subpoenas issued by a physical therapy licensing board in a party state for
176 the attendance and testimony of witnesses, and/or the production of
177 evidence from another party state, shall be enforced in the latter state by
178 any court of competent jurisdiction, according to the practice and
179 procedure of that court applicable to subpoenas issued in proceedings
180 pending before it. The issuing authority shall pay any witness fees, travel

181 expenses, mileage, and other fees required by the service statutes of the
182 state where the witnesses and/or evidence are located; and
183 3. If otherwise permitted by state law, recover from the licensee the costs of
184 investigations and disposition of cases resulting from any adverse action
185 taken against that licensee.
186 F. Joint Investigations
187 1. In addition to the authority granted to a member state by its respective
188 physical therapy practice act or other applicable state law, a member state
189 may participate with other member states in joint investigations of
190 licensees.
191 2. Member states shall share any investigative, litigation, or compliance
192 materials in furtherance of any joint or individual investigation initiated
193 under the Compact.

194 **SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT**
195 **COMMISSION.**

196 A. The Compact member states hereby create and establish a joint public agency known
197 as the Physical Therapy Compact Commission:
198 1. The Commission is an instrumentality of the Compact states.
199 2. Venue is proper and judicial proceedings by or against the Commission
200 shall be brought solely and exclusively in a court of competent jurisdiction
201 where the principal office of the Commission is located. The Commission
202 may waive venue and jurisdictional defenses to the extent it adopts or
203 consents to participate in alternative dispute resolution proceedings.

204 3. Nothing in this Compact shall be construed to be a waiver of sovereign
205 immunity.
206 B. Membership, Voting, and Meetings
207 1. Each member state shall have and be limited to one (1) delegate selected
208 by that member state's licensing board.
209 2. The delegate shall be a current member of the licensing board, who is a
210 physical therapist, physical therapist assistant , public member, or the
211 board administrator.
212 3. Any delegate may be removed or suspended from office as provided by
213 the law of the state from which the delegate is appointed.
214 4. The member state board shall fill any vacancy occurring in the
215 Commission.
216 5. Each delegate shall be entitled to one (1) vote with regard to the
217 promulgation of rules and creation of bylaws and shall otherwise have an
218 opportunity to participate in the business and affairs of the Commission.
219 6. A delegate shall vote in person or by such other means as provided in the
220 bylaws. The bylaws may provide for delegates' participation in meetings
221 by telephone or other means of communication.
222 7. The Commission shall meet at least once during each calendar year.
223 Additional meetings shall be held as set forth in the bylaws.
224 C. The Commission shall have the following powers and duties:
225 1. Establish the fiscal year of the Commission;
226 2. Establish bylaws;

227 3. Maintain its financial records in accordance with the bylaws;

228 4. Meet and take such actions as are consistent with the provisions of this
229 Compact and the bylaws;

230 5. Promulgate uniform rules to facilitate and coordinate implementation and
231 administration of this Compact. The rules shall have the force and effect
232 of law and shall be binding in all member states;

233 6. Bring and prosecute legal proceedings or actions in the name of the
234 Commission, provided that the standing of any state physical therapy
235 licensing board to sue or be sued under applicable law shall not be
236 affected;

237 7. Purchase and maintain insurance and bonds;

238 8. Borrow, accept, or contract for services of personnel, including, but not
239 limited to, employees of a member state;

240 9. Hire employees, elect or appoint officers, fix compensation, define duties,
241 grant such individuals appropriate authority to carry out the purposes of
242 the Compact, and to establish the Commission's personnel policies and
243 programs relating to conflicts of interest, qualifications of personnel, and
244 other related personnel matters;

245 10. Accept any and all appropriate donations and grants of money, equipment,
246 supplies, materials and services, and to receive, utilize and dispose of the
247 same; provided that at all times the Commission shall avoid any
248 appearance of impropriety and/or conflict of interest;

249 11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to
250 own, hold, improve or use, any property, real, personal or mixed; provided
251 that at all times the Commission shall avoid any appearance of
252 impropriety;
253 12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise
254 dispose of any property real, personal, or mixed;
255 13. Establish a budget and make expenditures;
256 14. Borrow money;
257 15. Appoint committees, including standing committees comprised of
258 members, state regulators, state legislators or their representatives, and
259 consumer representatives, and such other interested persons as may be
260 designated in this Compact and the bylaws;
261 16. Provide and receive information from, and cooperate with, law
262 enforcement agencies;
263 17. Establish and elect an Executive Board; and
264 18. Perform such other functions as may be necessary or appropriate to
265 achieve the purposes of this Compact consistent with the state regulation
266 of physical therapy licensure and practice.
267 D. The Executive Board
268 The Executive Board shall have the power to act on behalf of the Commission according
269 to the terms of this Compact
270 1. The Executive Board shall be comprised of nine members:

271 a. Seven voting members who are elected by the Commission from the
272 current membership of the Commission;
273 b. One ex-officio, nonvoting member from the recognized national physical
274 therapy professional association; and
275 c. One ex-officio, nonvoting member from the recognized membership
276 organization of the physical therapy licensing boards.
277 2. The ex-officio members will be selected by their respective organizations.
278 3. The Commission may remove any member of the Executive Board as
279 provided in bylaws.
280 4. The Executive Board shall meet at least annually.
281 5. The Executive Board shall have the following Duties and responsibilities:
282 a. Recommend to the entire Commission changes to the rules or bylaws,
283 changes to this Compact legislation, fees paid by Compact member states
284 such as annual dues, and any commission Compact fee charged to
285 licensees for the compact privilege;
286 b. Ensure Compact administration services are appropriately provided,
287 contractual or otherwise;
288 c. Prepare and recommend the budget;
289 d. Maintain financial records on behalf of the Commission;
290 e. Monitor Compact compliance of member states and provide compliance
291 reports to the Commission;
292 f. Establish additional committees as necessary; and
293 g. Other duties as provided in rules or bylaws.

294 E. Meetings of the Commission

295 1. All meetings shall be open to the public, and public notice of meetings
296 shall be given in the same manner as required under the rulemaking
297 provisions in Section 9.

298 2. The Commission or the Executive Board or other committees of the
299 Commission may convene in a closed, non-public meeting if the
300 Commission or Executive Board or other committees of the Commission
301 must discuss:

302 a. Non-compliance of a member state with its obligations under the
303 Compact;

304 b. The employment, compensation, discipline or other matters, practices or
305 procedures related to specific employees or other matters related to the
306 Commission's internal personnel practices and procedures;

307 c. Current, threatened, or reasonably anticipated litigation;

308 d. Negotiation of contracts for the purchase, lease, or sale of goods,
309 services, or real estate;

310 e. Accusing any person of a crime or formally censuring any person;

311 f. Disclosure of trade secrets or commercial or financial information that is
312 privileged or confidential;

313 g. Disclosure of information of a personal nature where disclosure would
314 constitute a clearly unwarranted invasion of personal privacy;

315 h. Disclosure of investigative records compiled for law enforcement
316 purposes;

317 i. Disclosure of information related to any investigative reports prepared by
318 or on behalf of or for use of the Commission or other committee charged
319 with responsibility of investigation or determination of compliance issues
320 pursuant to the Compact; or
321 j. Matters specifically exempted from disclosure by federal or member state
322 statute.
323 3. If a meeting, or portion of a meeting, is closed pursuant to this provision,
324 the Commission's legal counsel or designee shall certify that the meeting
325 may be closed and shall reference each relevant exempting provision.
326 4. The Commission shall keep minutes that fully and clearly describe all
327 matters discussed in a meeting and shall provide a full and accurate
328 summary of actions taken, and the reasons therefore, including a
329 description of the views expressed. All documents considered in
330 connection with an action shall be identified in such minutes. All minutes
331 and documents of a closed meeting shall remain under seal, subject to
332 release by a majority vote of the Commission or order of a court of
333 competent jurisdiction.
334 F. Financing of the Commission
335 1. The Commission shall pay, or provide for the payment of, the reasonable
336 expenses of its establishment, organization, and ongoing activities.
337 2. The Commission may accept any and all appropriate revenue sources,
338 donations, and grants of money, equipment, supplies, materials, and
339 services.

340 3. The Commission may levy on and collect an annual assessment from each
341 member state or impose fees on other parties to cover the cost of the
342 operations and activities of the Commission and its staff, which must be in
343 a total amount sufficient to cover its annual budget as approved each year
344 for which revenue is not provided by other sources. The aggregate annual
345 assessment amount shall be allocated based upon a formula to be
346 determined by the Commission, which shall promulgate a rule binding
347 upon all member states.
348 4. The Commission shall not incur obligations of any kind prior to securing
349 the funds adequate to meet the same; nor shall the Commission pledge the
350 credit of any of the member states, except by and with the authority of the
351 member state.
352 5. The Commission shall keep accurate accounts of all receipts and
353 disbursements. The receipts and disbursements of the Commission shall be
354 subject to the audit and accounting procedures established under its
355 bylaws. However, all receipts and disbursements of funds handled by the
356 Commission shall be audited yearly by a certified or licensed public
357 accountant, and the report of the audit shall be included in and become
358 part of the annual report of the Commission.
359 G. Qualified Immunity, Defense, and Indemnification
360 1. The members, officers, executive director, employees and representatives
361 of the Commission shall be immune from suit and liability, either
362 personally or in their official capacity, for any claim for damage to or loss

363 of property or personal injury or other civil liability caused by or arising
364 out of any actual or alleged act, error or omission that occurred, or that the
365 person against whom the claim is made had a reasonable basis for
366 believing occurred within the scope of Commission employment, duties or
367 responsibilities; provided that nothing in this paragraph shall be construed
368 to protect any such person from suit and/or liability for any damage, loss,
369 injury, or liability caused by the intentional or willful or wanton
370 misconduct of that person.

371 2. The Commission shall defend any member, officer, executive director,
372 employee or representative of the Commission in any civil action seeking
373 to impose liability arising out of any actual or alleged act, error, or
374 omission that occurred within the scope of Commission employment,
375 duties, or responsibilities, or that the person against whom the claim is
376 made had a reasonable basis for believing occurred within the scope of
377 Commission employment, duties, or responsibilities; provided that nothing
378 herein shall be construed to prohibit that person from retaining his or her
379 own counsel; and provided further, that the actual or alleged act, error, or
380 omission did not result from that person's intentional or willful or wanton
381 misconduct.

382 3. The Commission shall indemnify and hold harmless any member, officer,
383 executive director, employee, or representative of the Commission for the
384 amount of any settlement or judgment obtained against that person arising
385 out of any actual or alleged act, error or omission that occurred within the

386 scope of Commission employment, duties, or responsibilities, or that such
387 person had a reasonable basis for believing occurred within the scope of
388 Commission employment, duties, or responsibilities, provided that the
389 actual or alleged act, error, or omission did not result from the intentional
390 or willful or wanton misconduct of that person.
391
392 **SECTION 8. DATA SYSTEM**
393 A. The Commission shall provide for the development, maintenance, and utilization
394 of a coordinated database and reporting system containing licensure, adverse action, and
395 investigative information on all licensed individuals in member states.
396 B. Notwithstanding any other provision of state law to the contrary, a member state
397 shall submit a uniform data set to the data system on all individuals to whom this Compact is
398 applicable as required by the rules of the Commission, including:
399 1. Identifying information;
400 2. Licensure data;
401 3. Adverse actions against a license or compact privilege;
402 4. Non-confidential information related to alternative program participation;
403 5. Any denial of application for licensure, and the reason(s) for such denial;
404 and
405 6. Other information that may facilitate the administration of this Compact,
406 as determined by the rules of the Commission.
407 C. Investigative information pertaining to a licensee in any member state will only be
408 available to other party states.

409 D. The Commission shall promptly notify all member states of any adverse action
410 taken against a licensee or an individual applying for a license. Adverse action information
411 pertaining to a licensee in any member state will be available to any other member state.
412 E. Member states contributing information to the data system may designate
413 information that may not be shared with the public without the express permission of the
414 contributing state.
415 F. Any information submitted to the data system that is subsequently required to be
416 expunged by the laws of the member state contributing the information shall be removed from
417 the data system.

418 **SECTION 9. RULEMAKING**

419 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set
420 forth in this Section and the rules adopted thereunder. Rules and amendments shall become
421 binding as of the date specified in each rule or amendment.
422 B. If a majority of the legislatures of the member states rejects a rule, by enactment
423 of a statute or resolution in the same manner used to adopt the Compact within 4 years of the
424 date of adoption of the rule, then such rule shall have no further force and effect in any member
425 state.
426 C. Rules or amendments to the rules shall be adopted at a regular or special meeting
427 of the Commission.
428 D. Prior to promulgation and adoption of a final rule or rules by the Commission,
429 and at least thirty (30) days in advance of the meeting at which the rule will be considered and
430 voted upon, the Commission shall file a Notice of Proposed Rulemaking:

431 1. On the website of the Commission or other publicly accessible platform;
432 and
433 2. On the website of each member state physical therapy licensing board or
434 other publicly accessible platform or the publication in which each state
435 would otherwise publish proposed rules.
436 E. The Notice of Proposed Rulemaking shall include:
437 1. The proposed time, date, and location of the meeting in which the rule will
438 be considered and voted upon;
439 2. The text of the proposed rule or amendment and the reason for the
440 proposed rule;
441 3. A request for comments on the proposed rule from any interested person;
442 and
443 4. The manner in which interested persons may submit notice to the
444 Commission of their intention to attend the public hearing and any written
445 comments.
446 F. Prior to adoption of a proposed rule, the Commission shall allow persons to
447 submit written data, facts, opinions, and arguments, which shall be made available to the public.
448 G. The Commission shall grant an opportunity for a public hearing before it adopts a
449 rule or amendment if a hearing is requested by:
450 1. At least twenty-five (25) persons;
451 2. A state or federal governmental subdivision or agency; or
452 3. An association having at least twenty-five (25) members.

453 H. If a hearing is held on the proposed rule or amendment, the Commission shall
454 publish the place, time, and date of the scheduled public hearing. If the hearing is held via
455 electronic means, the Commission shall publish the mechanism for access to the electronic
456 hearing.

457 1. All persons wishing to be heard at the hearing shall notify the executive
458 director of the Commission or other designated member in writing of their
459 desire to appear and testify at the hearing not less than five (5) business
460 days before the scheduled date of the hearing.

461 2. Hearings shall be conducted in a manner providing each person who
462 wishes to comment a fair and reasonable opportunity to comment orally or
463 in writing.

464 3. All hearings will be recorded. A copy of the recording will be made
465 available on request.

466 4. Nothing in this section shall be construed as requiring a separate hearing
467 on each rule. Rules may be grouped for the convenience of the
468 Commission at hearings required by this section.

469 I. Following the scheduled hearing date, or by the close of business on the
470 scheduled hearing date if the hearing was not held, the Commission shall consider all written and
471 oral comments received.

472 J. If no written notice of intent to attend the public hearing by interested parties is
473 received, the Commission may proceed with promulgation of the proposed rule without a public
474 hearing.

475 K. The Commission shall, by majority vote of all members, take final action on the
476 proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking
477 record and the full text of the rule.

478 L. Upon determination that an emergency exists, the Commission may consider and
479 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that
480 the usual rulemaking procedures provided in the Compact and in this section shall be
481 retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90)
482 days after the effective date of the rule. For the purposes of this provision, an emergency rule is
483 one that must be adopted immediately in order to:

484 1. Meet an imminent threat to public health, safety, or welfare;
485 2. Prevent a loss of Commission or member state funds;
486 3. Meet a deadline for the promulgation of an administrative rule that is
487 established by federal law or rule; or
488 4. Protect public health and safety.

489 M. The Commission or an authorized committee of the Commission may direct
490 revisions to a previously adopted rule or amendment for purposes of correcting typographical
491 errors, errors in format, errors in consistency, or grammatical errors. Public notice of any
492 revisions shall be posted on the website of the Commission. The revision shall be subject to
493 challenge by any person for a period of thirty (30) days after posting. The revision may be
494 challenged only on grounds that the revision results in a material change to a rule. A challenge
495 shall be made in writing, and delivered to the chair of the Commission prior to the end of the
496 notice period. If no challenge is made, the revision will take effect without further action. If the
497 revision is challenged, the revision may not take effect without the approval of the Commission.

498 **SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

499 A. Oversight

500 1. The executive, legislative, and judicial branches of state government in
501 each member state shall enforce this Compact and take all actions
502 necessary and appropriate to effectuate the Compact's purposes and intent.
503 The provisions of this Compact and the rules promulgated hereunder shall
504 have standing as statutory law.

505 2. All courts shall take judicial notice of the Compact and the rules in any
506 judicial or administrative proceeding in a member state pertaining to the
507 subject matter of this Compact which may affect the powers,
508 responsibilities or actions of the Commission.

509 3. The Commission shall be entitled to receive service of process in any such
510 proceeding, and shall have standing to intervene in such a proceeding for
511 all purposes. Failure to provide service of process to the Commission shall
512 render a judgment or order void as to the Commission, this Compact, or
513 promulgated rules.

514 B. Default, Technical Assistance, and Termination

515 1. If the Commission determines that a member state has defaulted in the
516 performance of its obligations or responsibilities under this Compact or
517 the promulgated rules, the Commission shall:

518 a. Provide written notice to the defaulting state and other member states of
519 the nature of the default, the proposed means of curing the default and/or
520 any other action to be taken by the Commission; and

521 b. Provide remedial training and specific technical assistance regarding the
522 default.
523 2. If a state in default fails to cure the default, the defaulting state may be
524 terminated from the Compact upon an affirmative vote of a majority of the
525 member states, and all rights, privileges and benefits conferred by this
526 Compact may be terminated on the effective date of termination. A cure of
527 the default does not relieve the offending state of obligations or liabilities
528 incurred during the period of default.
529 3. Termination of membership in the Compact shall be imposed only after all
530 other means of securing compliance have been exhausted. Notice of intent
531 to suspend or terminate shall be given by the Commission to the governor,
532 the majority and minority leaders of the defaulting state's legislature, and
533 each of the member states.
534 4. A state that has been terminated is responsible for all assessments,
535 obligations, and liabilities incurred through the effective date of
536 termination, including obligations that extend beyond the effective date of
537 termination.
538 5. The Commission shall not bear any costs related to a state that is found to
539 be in default or that has been terminated from the Compact, unless agreed
540 upon in writing between the Commission and the defaulting state.
541 6. The defaulting state may appeal the action of the Commission by
542 petitioning the U.S. District Court for the District of Columbia or the
543 federal district where the Commission has its principal offices. The

544 prevailing member shall be awarded all costs of such litigation, including
545 reasonable attorney's fees.
546 C. Dispute Resolution
547 1. Upon request by a member state, the Commission shall attempt to resolve
548 disputes related to the Compact that arise among member states and
549 between member and non-member states.
550 2. The Commission shall promulgate a rule providing for both mediation and
551 binding dispute resolution for disputes as appropriate.
552 D. Enforcement
553 1. The Commission, in the reasonable exercise of its discretion, shall enforce
554 the provisions and rules of this Compact.
555 2. By majority vote, the Commission may initiate legal action in the United
556 States District Court for the District of Columbia or the federal district
557 where the Commission has its principal offices against a member state in
558 default to enforce compliance with the provisions of the Compact and its
559 promulgated rules and bylaws. The relief sought may include both
560 injunctive relief and damages. In the event judicial enforcement is
561 necessary, the prevailing member shall be awarded all costs of such
562 litigation, including reasonable attorney's fees.
563 3. The remedies herein shall not be the exclusive remedies of the
564 Commission. The Commission may pursue any other remedies available
565 under federal or state law.

566 **SECTION 11. DATE OF IMPLEMENTATION OF THE INTERSTATE**
567 **COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED**
568 **RULES, WITHDRAWAL, AND AMENDMENT**

569 A. The Compact shall come into effect on the date on which the Compact statute is
570 enacted into law in the tenth member state. The provisions, which become effective at that time,
571 shall be limited to the powers granted to the Commission relating to assembly and the
572 promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers
573 necessary to the implementation and administration of the Compact.

574 B. Any state that joins the Compact subsequent to the Commission's initial adoption
575 of the rules shall be subject to the rules as they exist on the date on which the Compact becomes
576 law in that state. Any rule that has been previously adopted by the Commission shall have the
577 full force and effect of law on the day the Compact becomes law in that state.

578 C. Any member state may withdraw from this Compact by enacting a statute
579 repealing the same.

580 1. A member state's withdrawal shall not take effect until six (6) months
581 after enactment of the repealing statute.

582 2. Withdrawal shall not affect the continuing requirement of the withdrawing
583 state's physical therapy licensing board to comply with the investigative
584 and adverse action reporting requirements of this act prior to the effective
585 date of withdrawal.

586 D. Nothing contained in this Compact shall be construed to invalidate or prevent any
587 physical therapy licensure agreement or other cooperative arrangement between a member state
588 and a non-member state that does not conflict with the provisions of this Compact.

589 E. This Compact may be amended by the member states. No amendment to this
590 Compact shall become effective and binding upon any member state until it is enacted into the
591 laws of all member states.

592 **SECTION 12. CONSTRUCTION AND SEVERABILITY**

593 This Compact shall be liberally construed so as to effectuate the purposes thereof. The
594 provisions of this Compact shall be severable and if any phrase, clause, sentence or provision
595 of this Compact is declared to be contrary to the constitution of any party state or of the
596 United States or the applicability thereof to any government, agency, person or circumstance
597 is held invalid, the validity of the remainder of this Compact and the applicability thereof to
598 any government, agency, person or circumstance shall not be affected thereby. If this
599 Compact shall be held contrary to the constitution of any party state, the Compact shall
600 remain in full force and effect as to the remaining party states and in full force and effect as
601 to the party state affected as to all severable matters.

602

Tab 4

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**
(As of October 28, 2016)

Board **Board of Physical Therapy**

Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Proposed - *At Secretary's Office for 91 days*

Agenda Item: Board action on Public Participation Guidelines (PPG)

Included in your agenda package are:

A copy of the applicable law in the Administrative Process Act (APA)

A copy of the applicable section of the Board's PPG regulations

Staff Note:

The action to conform the regulation to language in the Code.

Board action:

To adopt the amendment to 18VAC112-11-50.

Code of Virginia
Title 2.2. Administration of Government
Chapter 40. Administrative Process Act

§ 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

Project 4961 - none

BOARD OF PHYSICAL THERAPY

Conforming to Code

Part III

Public Participation Procedures

18VAC112-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

Agenda Item: Board action on Continuing Education Regulations

Included in your agenda package are:

A copy of HB319 of the 2016 General Assembly

A copy of the DRAFT regulations

Staff Note:

The legislation requires promulgation of regulations to allow some volunteer service time to count towards meeting CE requirements. The mandate takes effect January 1, 2017.

Board action:

1) **To adopt the draft changes by a fast-track action; or**

2) **To adopt a different amendment as discussed by the Board.**

CHAPTER 82

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to continuing education requirements; volunteer health services.

[H 319]

Approved March 1, 2016

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) ~~which~~ *that* are reasonable and necessary to administer effectively the regulatory system, *which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services.* Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) ~~of this title~~.

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

2. That the provisions of this act shall become effective on January 1, 2017.

Project 4962 - none

BOARD OF PHYSICAL THERAPY

CE credit for volunteer practice

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

a. The Virginia Physical Therapy Association;

b. The American Physical Therapy Association;

c. Local, state or federal government agencies;

d. Regionally accredited colleges and universities;

e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;

f. The American Medical Association - Category I Continuing Medical Education course; and

g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment tool was taken.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Agenda Item: PRT and oPTion – Consideration of Change in References

Included in your agenda package are:

- An August 15, 2016 email from FSBPT
- An explanation of oPTion
- Copies of additional email correspondence from FSBPT
- Language explaining the 4 performance levels
- Referenced sections of 18VAC 112-20-10 et seq. affected by the consideration

August 15, 2016 email from FSBPT

The purpose of this email is to request a confirmation from your jurisdiction whether the oPTion self-directed assessment tool can be assigned a specific amount of continuing competence credit as has been previously awarded to the Practice Review Tool (PRT). Your jurisdiction previously notified FSBPT of the PRT credit award which is indicated on this page of the FSBPT public website.

Earlier this year FSBPT announced the launch of oPTion as a new tool to help inform PTs in the process of developing a professional development plan. oPTion was developed from one form of the General Practice PRT; it differs from the PRT only in terms of delivery and access (it is online and on-demand), and in that the feedback report is enhanced with feedback and resources beyond that supplied by the PRT.

A few jurisdictions have already adopted rule or regulation changes that explicitly award credit for completing oPTion which is the ultimate solution. However, until jurisdictions can complete that promulgation process, we are requesting some form of advisory statement whether your jurisdiction can favorably construe your existing rule/regulation/adopted policy language to also award a specific amount of credit to be awarded for completion of oPTion – perhaps as just another practice review tool. This can be as simple as an email reply to this inquiry.

While not yet formally announced, it's important for your jurisdiction to know that FSBPT plans to phase out the PRT in the coming months as the content becomes increasingly outdated relative to the content outline of the National Physical Therapy Examination. Moving forward FSBPT can more easily maintain and update oPTion's content which renders it a more sustainable self-directed assessment tool into the future. Given this, assigning credit to oPTion ensures the PTs in your jurisdiction have continual access to a valuable continuing competence tool.

If you have any questions or need me to clarify this request, please let me know. We hope to receive your answer as soon as possible, understanding that some jurisdictions may need to take this question to their boards.

Thank you,
Heidi

Heidi Herbst Paakkonen, MPA
Continuing Competence Product Manager
Federation of State Boards of Physical Therapy

oPTion

oPTion is a self-assessment tool created by the FSBPT to allow physical therapists to compare their knowledge, skills, and abilities to current entry-level general physical therapy practice. It is also an opportunity to review PT fundamentals. **oPTion** is available online and on demand from your personal computer.

Types of questions

oPTion uses scenarios and multiple-choice questions that emphasize clinical application of knowledge necessary for safe, effective practice. Realistic case scenarios that describe clinical situations are presented with a series of related questions. Scenarios include the age, gender, and presenting problem/current condition of a patient and may also include past medical history, physical therapy examination results, description of physical therapy interventions, and other information.

As a key feature, **oPTion** provides a rationale that explains the correct choice for each question. The rationale is available whether you answer the question correctly or incorrectly. At the conclusion of **oPTion**, your results will indicate one of four levels of performance. Each performance level describes the typical knowledge, skills, and abilities possessed by a physical therapist who performs at that level.

You can utilize this information to help select continuing competence opportunities focusing on areas that can help you move to a higher performance level.

Length of oPTion

oPTion is composed of scenarios with three to five multiple-choice questions for each scenario. There are a total of 100 questions in **oPTion**. Registrants have 30 days from the date of purchase to complete **oPTion**, and it may be completed over multiple log-in sessions.

Results

The Feedback Report, which is available at the end of **oPTion**, identifies performance in one of four levels. Unlike other assessment tools, you cannot pass or fail **oPTion**. The results do not demonstrate whether you possess minimal competence. The purpose of **oPTion** is rather to help identify your knowledge, skills, and abilities, compared to current entry-level practice. Your results and your Feedback Report are sent ***only*** to you and are intended to be used to help you plan for future continuing competence activities.

Browsers

oPTion is compatible with most browsers. We cannot ensure that **oPTion** will work with all versions of browsers and all versions of operating systems. If you experience difficulty, consider trying to relaunch **oPTion** in one of the following browsers: Internet Explorer 10 or 11, the latest version of Firefox and Chrome and Safari on the PC. We will update this list when additional browsers and operating systems become available.

- ## Fast Facts About oPTion

Questions - oPTion uses scenarios and multiple-choice questions that emphasize clinical application of knowledge necessary for safe, effective practice. Each scenario is followed by three to five multiple-choice questions, for a total of 100 questions.

Where - Online and on demand

Price - $49

Who is eligible - Only licensed physical therapists

Dear Board Administrator,

FSBPT is notifying stakeholders that effective **November 30, 2016** the Practice Review Tools (PRTs) will be retired. Since the launch of the General Practice PRT in 2009 and the Orthopedic Practice PRT in 2010, the content for these assessment tools has become gradually outdated relative to the content outline of the National Physical Therapy Examination (NPTE). Moving forward FSBPT can more nimbly maintain and update oPTion's content which renders oPTion a more sustainable self-directed assessment tool into the future. Our commitment to physical therapists is to ensure they have access to this type of continuing competence tool to guide and inform their development and planning.

All PRT registrants with an open registration as of **September** 2 have been notified that **November 30** is the final date to complete the PRT. We have extended to them the opportunity to complete oPTion in lieu of the PRT if doing so meets their needs, and are working with those individuals to accommodate their choices. This information is also reflected on the PRT page on our website.

With the phase-out of the PRT we encourage your jurisdictions to consider assigning continuing competence credit to oPTion – ideally in your rules/regulations. To see examples of the current confirmed list of jurisdictions awarding credit for oPTion, click here. There is growing awareness among our member boards and within the literature of the value of periodic reassessment of knowledge as a component of continuing competence; this is also reflected in our discussions from recent Annual Meetings and Leadership Issues Forums. We are happy to assist you with this process if needed, and will answer any questions you have about the PRT and oPTion.

Heidi Herbst Paakkonen, MPA
Continuing Competence Product Manager
Federation of State Boards of Physical Therapy
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From: Heidi Herbst-Paakkonen [mailto:hherbstpaakkonen@aon.fsbpt.org]
Sent: Monday, October 31, 2016 10:09 AM
To: Currier, Missy (DHP)
Subject: RE: Continuing Competence Credit for oPTion?

Missy,

Thanks very much for reaching out to us with this question. There are 2 suggestions that I'm going to offer that I hope will be helpful:

1. The language "current assessment tool" is fine. I believe, however, you should consider replacing "recognized" with "developed" or perhaps "developed and administered". It's a little nit-picky, but FSBPT doesn't review/evaluate our own tools so "recognizing" could be construed to be a bit of a stretch.
2. With the shift to oPTion we actually removed the standard. Instead the performance feedback report categorized the taker's performance into 1 of 4 levels. I have attached a document that contains all of the language for those levels. You may want to review and determine if there is a specific level that the board would want to taker to achieve for purposes of establishing competence for re-entry.

We can discuss any of this when we see each other in Columbus. Hope your travels are safe and smooth!

Heidi

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If you have questions on how to get started using ProCert, please visit
https://pt.fsbpt.net/aPTitude/content/public/IntroToProCert

Level 4 - A physical therapist who has maintained the ability to clinically apply the requisite entry-level knowledge, concepts, and principles necessary for the provision of safe and effective patient care across an extensive range of patient conditions. Demonstrates the breadth of knowledge required to effectively examine, evaluate, and provide care in highly complex clinical situations using current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services.

- Utilizes knowledge of comorbidities of different diseases and conditions to make clinical decisions
- Anticipates individual patient responses to physical activity and modifies interventions accordingly
- Demonstrates detailed knowledge of diagnoses and prognoses across an extensive range of patient conditions
- Has detailed knowledge of proper tests and measures procedures over an extensive range of patient conditions and considers best evidence when interpreting test results
- Interprets applicable outcome measures to make clinical decisions
- Synthesizes aspects of patient history and clinical presentation in order to conduct efficient examinations and design effective treatment plans across an extensive range of patient conditions

Level 3 - A physical therapist who has maintained the ability to clinically apply the requisite entry-level knowledge, concepts, and principles necessary for the provision of safe and effective patient care across a broad range of patient conditions. Demonstrates the breadth of knowledge required to effectively examine, evaluate, and provide care in complex clinical situations using current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services.

- Recognizes comorbidities of different diseases and conditions and their implications
- Considers individual patient responses to physical activity and modifies interventions accordingly
- Considers aspects of patient history and clinical presentation in order to conduct efficient examinations and design effective treatment plans across a broad range of patient conditions
- Understands the phases of tissue healing and applies this knowledge across a broad range of patient conditions
- Understands factors related to wellness/prevention of common chronic health issues

Level 2 - A physical therapist who has maintained the ability to clinically apply the requisite entry-level knowledge, concepts, and principles necessary for the provision of safe and effective patient care across a moderate range of patient conditions. Demonstrates the breadth of knowledge required to effectively examine, evaluate, and provide care in routine clinical situations using current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services.

- Has general knowledge of signs/symptoms and tests/measures of a moderate range of patient conditions
- Recognizes normal and abnormal responses to physical activity
- Recognizes expected outcomes of treatment for a moderate range of conditions
- Understands basic biomechanics principles

- Considers common laboratory values and their implications for treatment
- Has awareness of patient safety techniques and common contraindications for treatment
- Understands pharmacology related to basic rehabilitation

Level 1 - A physical therapist who has maintained the ability to clinically apply the requisite entry-level knowledge, concepts, and principles necessary for the provision of safe and effective patient care across a limited range of patient conditions. Demonstrates the breadth of knowledge required to effectively examine, evaluate, and provide care in clinical situations of limited scope using current best evidence from clinically relevant research regarding the safety and efficacy of therapeutic, rehabilitative, and preventive physical therapy services.

- Has knowledge of basic pathophysiology associated with a limited range of patient conditions
- Selects appropriate assistive devices and equipment across a limited range of patient conditions
- Performs evaluations and administers effective patient care across a limited range of patient conditions
- Applies foundational physical therapy knowledge
- Has knowledge of fundamental safety and protection protocols

Commonwealth of Virginia

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Title of Regulations: 18 VAC 112-20-10 et seq.

Statutory Authority: Chapter 34.1 of Title 54.1of the ***Code of Virginia***

Revised: November 4, 2015

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CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

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.

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.

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);

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;

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

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:

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

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

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

therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he has met the standard of the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment tool was taken.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

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.

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 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 320 hours in a traineeship that meets 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 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.

3. Completing of 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 18VAC112-20-27 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 18VAC112-20-27;

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 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