



**House
Legislative
Analysis
Section**

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ALLOW PHYSICAL THERAPIST TO TREAT WITHOUT PRESCRIPTION

House Bill 5014

Sponsor: Rep. Barb Vander Veen

Committee: Health Policy

Complete to 4-29-02

A REVISED SUMMARY OF HOUSE BILL 5014 AS INTRODUCED 7-10-01

House Bill 5014 would amend of the Public Health Code (MCL 333.16263 et al.) to allow a licensed physical therapist to treat a patient without a prescription from another licensed health professional. The bill would also add a definition of “physical therapist assistant” to the code (without requiring that a physical therapist assistant be licensed or registered), require a physical therapist to meet certain continuing education and ethics and standards of practice requirements, and create the “Physical Therapy Professional Fund.” The bill is identical to Senate Bill 620, which remains under consideration by the Senate Health Policy Committee. A more detailed summary of the bill’s changes is provided below.

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

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

A person licensed or registered under any other state law would not be restricted from engaging in the profession or practice for which he or she was licensed or registered, as long as the person did not represent, imply, or claim to be practicing physical therapy.

Physical therapist assistant. The bill would add a definition of “physical therapist assistant” (PTA) to the code without adding any requirement that a PTA be licensed or

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registered. “Physical therapist assistant” would be defined as an individual who assists a physical therapist in physical therapy intervention and is a graduate of a nationally accredited physical therapist assistant education program.

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

Physical Therapy Professional Fund. The bill would establish the Physical Therapy Professional Fund within the state treasury. The treasurer would credit ten percent of each annual license fee collected to the fund, and the fee would be increased from \$50 to \$60. (The bill would also eliminate “temporary licenses.”) The fund could be expended only for the establishment and operation of a physical therapy continuing education program. The treasurer would be responsible for directing the fund and would credit any interest and earnings from the investment to the fund. The fund could receive gifts, devises, and other money as provided by law, and the unencumbered balance in the fund at the close of the fiscal year would remain in the fund instead of reverting to the general fund.

Physical therapists’ standards of ethics and practice. Physical therapists would have to adhere to the recognized standards of ethics and standards of practice as established by both the physical therapy profession and by rules of the board. Persons could not imply that they provided or supplied physical therapy, unless the services were provided by or under the direction of a physical therapist.

Use of titles. The health code restricts the use of certain words, titles, and letters and combinations of letters to persons authorized to use those terms. The bill would add the following terms to the list of restricted terms: Doctor of Physiotherapy, Doctor of Physical Therapy, physiotherapy, physical therapist assistant, physical therapy assistant, physiotherapist assistant, PT assistant, PT, RPT, LPT, CPT, MPT, PTA, registered PTA, licensed PTA, certified PTA, CPTA, LPTA, RPTA, and PTT.

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