

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal. ***Physical Therapy (PT)***

2) Briefly describe the proposed change.

This change would amend the PT practice act to include language that allows the State of Minnesota to join the PT Compact. As such, Physical Therapists (PTs) and Physical Therapist Assistants (PTAs) who are licensed in Minnesota would qualify to apply for practice privileges in other states that are members of the PT Compact. Inversely, those PTs and PTAs who are licensed in their own home states would be allowed to apply for practice privileges in Minnesota.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

On the House side, HF 729 was introduced by Representative Liz Reyer in 2023.

<https://www.revisor.mn.gov/bills/bill.php?f=HF729&b=house&y=2023&ssn=0>

There are currently 31 co-authors, including Reyer ; Schomacker ; Bierman ; Kiel; Elkins ; Backer ; Acomb ; Quam ; Carroll ; Neu Brindley ; Her ; Nadeau ; Bahner ; Perryman ; Hemmingsen-Jaeger ; Murphy ; Smith ; Dotseth ; Stephenson ; Heintzeman ; Hornstein ; Harder ; Anderson, P. E. ; Feist ; Moller ; Wiens ; Demuth ; Engen ; Noor ; Brand; Myers

On the Senate side, SF 1322 was introduced by Senator Kelly Morrison in 2023.

<https://www.revisor.mn.gov/bills/bill.php?f=SF1322&y=2023&ssn=0&b=senate>

There are currently 5 co-authors, including Morrison ; Maye Quade ; Kupec ; Boldon ; Utker.

Questionnaire A – Increased Regulation

4) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

Every day and every year that passes, healthcare dollars that could be flowing into Minnesota when PTs follow their patients in other states via compact privilege, are lost.

Minnesota's largest hospital systems can eliminate the cost and administrative/wait time for PT licensing when patients who travel to MN for care prefer to follow their own therapist after they are discharged and go home to other states. All four states that surround MN are already participating in the PT Compact (North Dakota, South Dakota, Iowa, and Wisconsin). Health systems in those states have already been benefiting from belonging to the PT Compact.

Traveling physical therapists are currently having to apply for licenses in each state in which they are employed. Licensure renewal dates vary in each state requiring tracking of those dates and assuring the continuing competency requirements are met for each state. Under the PT Compact, the PT requires a license only in their home state. Compact privileges in other states meet their regulatory obligation without additional and complex licensure processes.

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

The PT Compact impacts the profession of Physical Therapy which includes Physical Therapists (PTs) and Physical Therapist Assistants (PTAs). Practice privilege through the PT Compact is not limited to any specific practice settings, and instead could impact any or all practice settings in which PTs and PTAs provide Physical Therapy services.

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

The Minnesota Chapter of the American Physical Therapy Association (APTA-MN) represents 2,292 physical therapy provider members including 1,597 physical therapists (PT), 115 physical therapist assistants (PTA), and 580 students of PT and PTA (as of 10/31/2023).

<https://aptaapps.apta.org/componentconnection/profile.aspx>

As of 11/15/2023, there are 6,614 PTs and 1,857 PTAs who are licensed in MN under the MN Board of PT.

Questionnaire A – Increased Regulation

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

PTs and PTAs provide services to populations of all ages and in a variety of settings, including outpatient clinics or offices; hospitals, including emergency departments; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; community centers; hospices; industrial, workplace, or other occupational environments; fitness centers and sports training and health facilities; and the military. While most PT providers work for healthcare organizations directly or through contracts, many PTs are in independent practices. Many patients are treated in their homes, either directly or via telehealth services.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience.

Physical therapist assistants are educated and licensed clinicians who provide care under the direction and supervision of a licensed physical therapist.

Together and in collaboration, PTs and PTAs care for people of all ages and abilities.

2) Specialized training, education, or experience ("preparation") required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

As of 2016, Physical Therapists must have a Doctor of Physical Therapy degree from an accredited institution. Most programs are 3 years post baccalaureate degree which includes at least 35 weeks of full time supervised clinical internships. PTs must pass the National Physical Therapy Exam (NPTE). Residencies and fellowships are optional.

Physical Therapist Assistants must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. In Minnesota, PTAs are also licensed.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

This proposal will not change the way PTs and PTAs are educated and trained.

Questionnaire A – Increased Regulation

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

31 Member States – Actively issuing and accepting Compact privileges (Includes all 4 MN border states)*

- | | |
|------------------|--------------------|
| 1. Oregon | 18. Ohio |
| 2. Washington | 19. Kentucky |
| 3. Montana | 20. Tennessee |
| 4. Utah | 21. Georgia |
| 5. Arizona | 22. West Virginia |
| 6. Colorado | 23. Virginia |
| 7. North Dakota* | 24. North Carolina |
| 8. South Dakota* | 25. South Carolina |
| 9. Nebraska | 26. Maryland |
| 10. Oklahoma | 27. Delaware |
| 11. Texas | 28. New Hampshire |
| 12. Iowa* | 29. Washington DC |
| 13. Missouri | 30. New Jersey |
| 14. Arkansas | 31. Indiana |
| 15. Louisiana | |
| 16. Wisconsin* | |
| 17. Mississippi | |

6 Legislation Enacted States – Not yet issuing or accepting Compact privileges:

1. Kansas
2. Alabama
3. Pennsylvania
4. Connecticut
5. Vermont
6. Maine

8 Legislation Introduced States

1. Minnesota
2. Illinois
3. Alaska
4. Hawaii
5. New York
6. Vermont
7. Massachusetts
8. Rhode Island

Source: <https://ptcompact.org/ptc-states> (as of 11/16/2023)

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

Individuals who are licensed in Minnesota and who have Compact privileges in other member states must understand the Practice Act in each of those states. The state in which the patient is located at the time of

Questionnaire A – Increased Regulation

the service is the state in which the individual is practicing and they must abide by that state's law. A jurisprudence exam is required in member states to assure public safety.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

There is no further requirement beyond graduation from an accredited PT/PTA Program and for PTs, passing the National Physical Therapy Examination, and qualifying for licensure in their home state. Just as there are no additional requirements for licensure in any state, there are no additional requirements to obtain practice privilege in a Compact member state. Each state, however, requires a jurisprudence exam in order to obtain practice privilege in that state.

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Physical therapists are not supervised in Minnesota or any other state. Independent practice by PTs would be unchanged under this proposal. In some institutional settings, referral may be required for various reasons but a referral is not the same as supervision.

Physical therapist assistants (PTAs) are currently supervised by a physical therapist under general supervision, meaning the PT does not have to be on-site, but that the PT must be easily available by telecommunications. This provision of supervision will not change under the PT Compact.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

The MN Board of Physical Therapy (BPT) is the regulatory authority over physical therapists and physical therapist assistants. Under the PT Compact, the MN BPT would have authority over any PTs or PTAs practicing in MN, whether they are practicing under a license or under practice privileges.

Megan Urick, Chair of the PT Compact Work Group of the APTA MN State Government Affairs Committee (and current APTA MN Chapter President), had conversations on this topic with the MN BPT on 3/5/20 at a MN BPT Meeting and on 2/9/21 at a MN BPT Legislative Committee Meeting. These meetings happened so long ago because APTA MN has been very diligent about this process. We tried to pass this bill in 2023, but were unable to due to circumstances out of our control.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed

change.

Competency requirements in MN apply to PTs and PTAs who have licenses in MN. Those who would have practice privileges under the Compact must adhere to the competency requirements of their own home state under which they are licensed.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

NA

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

NA

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

NA

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This proposal allows PTs and PTAs in Minnesota to “follow” their patients who have come to Minnesota for care but who eventually go home to another state. Continuity of care promotes best outcomes if there are limited hand offs. Likewise, Minnesotans who travel out of state during the winter months or students who go to school in other states can continue to receive care from their MN PT. Additionally, health care dollars would still be flowing into Minnesota regardless of where the patient is located.

Even though a PT could apply for a license in any other state, the delay in securing a license is often prohibitive to the continuity of care. Practice privilege via the Compact can be obtained within hours.

Telehealth has increased the need for efficiency in the regulatory process. This is especially true along the borders of Minnesota and in rural areas. Many individuals cross into other states to meet their health care

Questionnaire A – Increased Regulation

needs and desire to be seen in their own home to reduce drive time, day care, time from work, and other access barriers.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

Healthcare provider needs in MN may be passed up because traveling physical therapists find it easier to take a contract in one of the 31 other states already actively issuing and accepting compact privileges.

Minnesota businesses located near state borders will have an easier time mobilizing Physical Therapists or Physical Therapist Assistants across state borders to meet the needs of patients. This can help ensure MN keeps the appropriate supply of practitioners needed for our patient population.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

This proposal does not change payment. Instead it opens the market across state borders so that qualified PTs and PTAs can practice more efficiently and so that patients can be served across state lines.

There could be some cost savings by insurers (and patients) when efficient continuity of care is provided.

Traveling therapists benefit from the cost-savings of application and alignment of competency requirements. Military spouses benefit similarly.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Compact membership would allow Minnesota hospital systems to provide fully coordinated care across state lines. A digitally-equipped physical therapist would have a diverse tool box by which they can follow their patients as members of care teams. Examples include pre- and post-surgical care or pre- and post-partum care.

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

The following answers are directly from the PT Compact Administrator, Jeff Rosa:

1. What is the expected regulatory cost to state government?
There should be no cost to the state of Minnesota. The Minnesota PT Board also sends licensure data to FSBPT via an API. As a result, Minnesota is already in compliance with most of the data sharing requirements established in the compact, including the use of the FSBPT ID as the unique identifier. For most new states, if there are any implementation costs, it is associated with modifications to the data system to be able to share the data with the commission. This is already in place in MN so there won't be any costs. The other potential cost to Minnesota would be an annual assessment levied against all member states. Since the implementation of the compact in 2017, we have never levied an annual assessment and the commission's philosophy is to avoid an annual assessment at all costs. Our preference is to fund the operations of the compact commission through the sales of compact privileges.
2. Is there an up-to-date fiscal note for the proposal?
It appears that no fiscal notes were conducted for the House and Senate bills that were introduced in 2023. Since each state is different, looking at a fiscal note from another state isn't really a good comparison. It would be better to have conversations with boards that have enacted the legislation to see their real world impact from joining the compact. From all of my conversations with representatives of our member boards, I haven't heard from any state that has indicated that joining the compact has created a fiscal liability for the board/state.
3. How are the costs covered under the proposal?
Under the compact, each member state has the ability to charge a state fee for the sale of a compact privilege. This new revenue stream is intended to help defray potential loss of revenue from individuals no longer applying for a license by endorsement. In addition to the \$45 charged by the compact commission, the state is free to select the state fee that best meets its needs.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

At this time there is no plan for evaluation, however as the Compact grows nationally, we will rely on the American Physical Therapy Association (APTA) to monitor the impact. Additionally, the Federation of State Boards of Physical Therapy (FSBPT) will also monitor the outcomes.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

The Minnesota Chapter of the American Physical Therapy Association (APTA MN) is the sponsoring organization. APTA MN represents 2,292 physical therapy provider members including 1,597 physical therapists (PT), 115 physical therapist assistants (PTA), and 580 students of PT and PTA (as of 10/31/2023).

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- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

The MN Board of Physical Therapy does not take a position on this legislation.

In Support of this legislation: (as of 12/19/23)

- *Mayo*
- *Gillette Children's Hospital*
- *Essentia Health*
- *Avera Health*
- *CentraCare*
- *The MN Association of Health Plans*
- *The American Physical Therapy Association*

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

Thus far, there have been no groups who have expressed concerns or opposition to this proposal.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

APTA MN continues to be open to discussion of this proposal with any party who expresses concern or opposition. To date there has been no opposition that has expressed their concerns directly.