



Arizona House of Representatives House Majority Research MEMORANDUM

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To: JOINT LEGISLATIVE AUDIT COMMITTEE
cc: Representative Rick Murphy, Chair
Senator Jim Waring, Vice-Chair
Re: Sunrise application of the Arizona Association for Home Care
Date: December 2, 2005

Attached is the final report of the sunrise request submitted by the **Arizona Association for Home Care**, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Ken Bennett

Speaker of the House of Representatives
Representative Jim Weiers

Senate Members
Senator Jim Waring, Vice-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

House Members
Representative Rick Murphy, Chair
Representative David Bradley
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Qulland

Arizona Association for Home Care
Department of Library, Archives & Public Records
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House Democratic Staff

**Senate Health and House of Representatives Health
Committee of Reference Report**

Sunrise Request of the Arizona Association for Home Care

Date: December 2, 2005

To: Joint Legislative Audit Committee
Representative Rick Murphy, Chair
Senator Jim Waring, Vice-Chair

Background

Pursuant to Arizona Revised Statutes (ARS) §32-3104, the Joint Legislative Audit Committee assigned a sunrise review for physical therapist assistants to the Senate Health and House of Representatives Health Committee of Reference. Attached is a copy of the application submitted by the Arizona Association for Home Care (Association).

According to Arizona Revised Statutes (ARS) §32-2001, a *physical therapist assistant* is a person who is certified by the Arizona Board of Physical Therapy (Board) and who performs physical therapy procedures and related tasks. A physical therapist assistant is selected and delegated tasks by a supervising physical therapist. The practice of physical therapy means examining, evaluating and testing people who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention. The practice of physical therapy also includes alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions by using various techniques defined in statute.

According to ARS §32-2043, physical therapist assistants must function under the on-site supervision of a licensed physical therapist. ARS §32-2001 defines *on-site supervision* as the supervising physical therapist is on site and is present at the facility or on the campus where the physical therapist assistant is performing services. The Arizona Association for Home is requesting an increase in scope of practice because it believes there is a lack of available physical therapists to serve the home health population. The Association would like physical therapist assistants to conduct home health visits under the general supervision of a licensed physical therapist instead of on-site supervision. General supervision would allow physical therapist assistants to perform routinely designated tasks in a home health setting, with the physical therapist available by telephone for consultation.

Committee of Reference Sunrise Review Procedures

The Committee of Reference held one public meeting on November 8, 2005 to review the Association's sunrise application as required by ARS §32-3104 and to hear public testimony on the proposed changes.

Committee of Reference Recommendations

The Committee of Reference recommends that the Legislature expand the scope of practice for licensed physical therapist assistants by allowing home health visits under the general supervision of licensed physical therapists.

Attachments:

1. Sunrise application submitted by the Arizona Association for Home Care.
2. Meeting notice.
3. Minutes of the Committee of Reference meeting.



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To: Members of the House and Senate Health Committees of Reference

Re: Sunrise Request of the Arizona Association for Home Care

Date: October 26, 2005

The following memo is background information regarding the request for an increase in the scope of practice of physical therapist assistants. Also attached is a copy of the sunrise application submitted by the Arizona Association for Home Care (Association). A public meeting is scheduled for November 8, 2005 to allow you to ask questions of the Association, take public testimony, and make a final recommendation as to the Association's request. If you have any questions or need additional information, please feel free to contact me.

BACKGROUND

According to Arizona Revised Statutes (ARS) §32-2001, a *physical therapist assistant* is a person who is certified by the Arizona Board of Physical Therapy (Board) and who performs physical therapy procedures and related tasks. A physical therapist assistant is selected and delegated tasks by a supervising physical therapist. The practice of physical therapy means examining, evaluating and testing people who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention. The practice of physical therapy also includes alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions by using various techniques defined in statute.

October 26, 2005

To become certified as a physical therapist assistant in Arizona, a person must be of good moral character, complete the application process, graduate from an accredited physical therapist assistant education program, successfully pass a jurisprudence examination on the Board's statutes and rules and pass the national examination. Currently, the Board certifies 423 physical therapist assistants.

SCOPE OF PRACTICE INCREASE

According to ARS §32-2043, physical therapist assistants must function under the on-site supervision of a licensed physical therapist. ARS §32-2001 defines *on-site supervision* as the supervising physical therapist is on site and is present at the facility or on the campus where the physical therapist assistant is performing services. The physical therapist must be immediately available to assist the individual being supervised and must maintain continued involvement in the aspects of the treatment session. Physical therapists are directly responsible for patient care given by physical therapist assistants that are under their supervision, including accurate documentation and billing of services provided and must verify the qualifications of the physical therapist assistants under their supervision. Physical therapists may delegate acts, tasks or procedures to physical therapist assistants, but they must fall within the scope of physical therapy practice and must stay within the boundaries of physical therapist assistant's education. On each date of services, a physical therapist must provide and document all of the therapy that requires a physical therapist and must determine how to use a physical therapist assistant to ensure the delivery of care that is safe.

The Arizona Association for Home Care is requesting an increase in scope of practice because it believes there is a lack of available physical therapists to serve the home health population. The Association would like physical therapist assistants to conduct home health visits under the general supervision of a licensed physical therapist instead of on-site supervision, as required by the state currently. General supervision would allow physical therapist assistant to perform routinely designated tasks in a home health setting, with the physical therapist available by telephone for consultation.

The Association is requesting physical therapist assistants to make home health care visits independently, only after the physical therapist has conducted the initial patient visit and outlined the plan of care to be performed physical therapist assistant. By allowing physical therapist assistants to perform therapy in the home health setting, the Association believes the availability of physical therapy treatments will increase. The Association feels that the public can be confident with allowing physical therapist assistants operate under general supervision because only the location of where they practice will change, not their regulated scope of practice. Physical therapist assistants would still not be able to initiate care, make the initial patient visit unsupervised, make any changes to the plan of care, or discharge patients. The physical therapist assistant would also be required to have any chart notation signed off by the physical therapist. According to the Association, the sunrise application is not a recommendation requesting a change in responsibility of physical therapist assistants because the supervising physical therapist will still be responsible for the actions of the assistant they are supervising, on or off site.

OTHER STATES

Several states including Arizona, Maryland, New Jersey and Pennsylvania do not allow *general supervision* of physical therapist assistants. The remaining 46 states allow some form of *direct* or *general supervision*, some more permissive than others. For example, Florida Statutes §486.021 allow physical therapist assistants that are working for an orthopedic physician or a physiatrist to practice under the general supervision of a physical therapist and on-site supervision is not required. However, for all other health care practitioners, physical therapist assistants must work with the on-site supervision of a physical therapist. Georgia requires that in a home health setting, the physical therapist assistant and the supervising physical therapist meet once a week and that the physical therapist make on-site visits no less than every sixth visit. The following are examples of states that require general supervision.

GENERAL SUPERVISION

California – California Codes §2655 authorizes physical therapist assistants to practice without direct supervision of a physical therapist. However, according to California Code of Regulations Title 16, Division 13.2, Article 4, §1398.44, a licensed physical therapist must be responsible for all physical therapy services provided by a physical therapist assistant. Additionally, the supervising physical therapist must be readily available in person or by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients. The supervising physical therapist must also provide periodic on-site supervision and observation of the assigned patient care given by the physical therapist assistant.

Montana – Montana Code §37-11-105 states that a physical therapist assistant must practice under the supervision of a licensed physical therapist who is responsible for a patient's care. Supervision meaning that the physical therapist must make on-site visits to patients at least once for every six visits made by an assistant or at least once every two weeks, whichever occurs first.

South Carolina – South Carolina Code Title 40, Chapter 45, §40-45-300 specifies that a physical therapist assistant must function under the supervision of a licensed physical therapist and must only perform duties after the evaluation of a patient is conducted by a licensed physical therapist. In South Carolina, supervision means that a physical therapist must reevaluate a patient's plan of care every eighth treatment or every sixty calendar days, whichever comes first.



To: Joint Legislative Audit Committee

From: Arizona Association for Home Care

Re: Increasing the Scope of Practice of a Licensed Physical Therapy Assistant

Enclosure: Sunrise Application

To Whom It May Concern:

The Arizona Association for Home Care respectfully submits this Sunrise Application to the Joint Legislative Audit Committee, and the Research Analysts for both the House and Senate, to request a Sunrise Hearing on increasing the scope of practice of a licensed physical therapy assistant.





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 Language the Arizona Association for Home Care Supports:

 North Dakota

 New York

Background Information

This section is intended to provide the Joint Legislative Audit Committee, Senate and House of Representatives staff, Elected Officials and the general public with information on the steps that the Arizona Association for Home Care (AAHC) has taken to date in an attempt to alleviate the physical therapy shortage, prior to requesting legislative change.

- This issue was brought to the forefront during an AAHC Legislative Affairs Committee meeting in fall of 2004. AAHC decided the first step was to meet with the Arizona Chapter of the American Physical Therapy Association (AZPTA), and legislators to discern a reaction to the idea of allowing a licensed physical therapy assistant (PTA) to make home health visits under the general supervision of a licensed physical therapist (PT). Current Arizona statutes specify that a PTA must be under the direct supervision of a PT.
- After several attempts, AAHC was able to schedule an initial meeting on January 18, 2005 with representatives from AZPTA. During this brief meeting, AZPTA agreed to take the issue back to their Board of Directors and return with feedback and comments. Hearing no response from AZPTA, AAHC next met with legislators and staff to discuss our issue.
- AAHC met with Representative Doug Quelland (R-10), Chairman of the House Health Committee, and staff and were advised that to proceed with this statutory change, AAHC would need to submit a sunrise application.
- AAHC then went before the Arizona State Board of Physical Therapy (PT Board) during the January 25, 2005 meeting. The PT Board recommended working with AZPTA and obtaining statistical data from home care agencies on the lack of availability of home health physical therapists. For results, please see Appendix B, page 10. Mr. Robert Direnfeld, President of the AZPTA, went on record stating that AZPTA was against allowing PTAs to make home health visits, but that they would be willing to work with AAHC to research alternative solutions.
- AAHC invited AZPTA and the PT Board to a working meeting on June 2, 2005, where several alternatives to legislative change were discussed. Some of those include the following:
 - AZPTA including an article in their July newsletter written by a PT encouraging the practice of physical therapy in the home health industry.

- A survey was created and sponsored by both the AZPTA and AAHC with the intention of gathering information on the physical therapists knowledge, as well as aversion to or interest towards working in the home health arena. Physical therapists were then asked if they had ever worked in a State that utilized physical therapy assistants as an integral part of their health care system. Additionally, participants were provided an opportunity to enter their personal information if they would like the option of contracting with a home health care agency to work additional cases according to their specified schedule and geographic location. For results, please see Appendix C, page 12.
- AZPTA and AAHC had originally scheduled a follow-up meeting for August 9, 2005, but due to unavoidable circumstances, AAHC re-scheduled that meeting to August 25, 2005.
- The follow-up meeting took place on August 25, 2005. This was a shorter re-cap meeting, with only a few items at the table for discussion. Please note, there were representatives from both AAHC and AZPTA present, but the PT Board was not at the meeting. AAHC notified the PT Board (via e-mail) of the outcome.
 - The results of the co-sponsored survey were discussed. It was determined that the results are not statistically valid, since only 33 responses were gathered from the approximately 1,000 physical therapists that received the survey. Being cognizant of the AZPTA's position on increasing the scope of practice of a PTA, but in the effort to obtain more relevant data for our cause, the AAHC has decided to create an independent survey, which will be mailed out to every licensed physical therapist in the state.
 - Also discussed was the opportunity of collaborating on an education course, where physical therapists could attend a workshop on physical therapy practice in the home health arena, and earn continuing education credits.
 - AAHC expressed their concern that while the steps taken to date have been helpful, they are not truly addressing our concerns with the shortage of physical therapists. Mr. Direnfeld explained that we are not the only industry currently experiencing a shortage, and that they are going through a "hiccup" in the system. The number of physical therapy students is growing, and we should be out of a shortage in 2-3 years. AAHC stills feels urgency, as Arizona's older population is also growing, and there is a continuing demand for physical therapy services, which cannot be met. Therefore, the

AAHC decided to submit a sunrise application in order to take this issue one step further.

AAHC has contacted interested stakeholders, and conducted several meetings in an attempt to find a suitable solution to the inability to provide the necessary physical therapy services for home health patients. Still faced with opposition, and rapidly approaching the deadline for the Sunrise Application, AAHC decided to submit this application, in the hopes that with legislator guidance and approval, AAHC and the AZPTA can come to consensus to help resolve the shortage of physical therapists to meet the needs of home bound patients.

Application

1.) Define the problem, and why an increased scope of practice is necessary, including consumers need and benefits, if an increase is granted

There is a lack of available physical therapists to serve the home health patient population. An informal survey of the AAHC agency members revealed that approximately 32% of physical therapy patients referred to home health agencies (in February 2005) were denied care due to lack of available physical therapists. After several meetings and brainstorming sessions with stakeholders (please see Background, page 3), AAHC has determined that increasing the scope of practice of a licensed physical therapy assistant is the most logical solution to relieve the inability to serve our homebound patient population.

We propose that the Arizona Revised Statutes be amended to allow physical therapy assistants to conduct home health visits for an Arizona Medicare licensed home care agency under the general supervision of a licensed physical therapist. Currently, a physical therapy assistant is required to practice under the "on-site supervision of a licensed physical therapist." (A.R.S. 32-2043)

On-site supervision is defined in State Statute as follows: the "supervising physical therapist is on site and present at the facility or on the campus where the assistive personnel or holder of an interim permit is performing services, is immediately available to assist the person being supervised in the services being performed and maintains continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated." (A.R.S. 32-2001)

AAHC recommends that physical therapy assistants be allowed to perform routinely designated tasks in the home health setting, while the physical therapist is available by telephone for consultation. Allowing physical therapy assistants to perform therapy for home bound patients under the indirect supervision of a licensed physical therapist will increase the availability of physical therapy treatments, that have been determined necessary by the physical therapist as ordered by the physician.

2.) The extent to which the public can be confident that qualified practitioners are competent

Currently, physical therapy assistants are required to complete the following education requirements:

- Must complete a two-year education program, typically offered by a community college or a junior college, and receive an associate's degree
- In Arizona, physical therapy assistants are required to be graduates of an education program accredited by a national accreditation agency approved by the PT Board, and pass the national examination approved by the PT Board in order to be certified to practice.

The public can be confident that the physical therapy assistants are competent because the currently regulated scope of practice would not be altered, only the location where they can practice. Physical therapy assistants would not be allowed to initiate care, make the initial patient visit unsupervised, make any changes to the plan of care, or discharge patients. Ideal legislation would allow physical therapy assistant's to make a visit independently, after the physical therapist has already conducted the initial patient visit, and outlined the plan of care to the assistant. The physical therapy assistant would be required to have any chart notation signed off by the physical therapist, and the physical therapist would be required to make a recurring visit as needed or specified by statute.

3.) The extent to which an increased scope of practice may harm the public

Increasing the scope of practice of a licensed physical therapy assistant will not endanger the public. The home care agency and the many existing regulatory bodies will continue to monitor the actions of the physical therapist and the physical therapy assistant. For example, the Arizona Department of Health Services regularly conducts frequent and unannounced lengthy surveys of home health agencies, during which home care visits are conducted (with licensed staff). In addition, patient charts are reviewed, employee files are examined, and staff and patients are interviewed, all to ensure that home health agencies are maintaining quality care of their patients.

Licensed physical therapists are currently regulated in this manner and licensed physical therapy assistants would fall under this same review schedule. This sunrise application is not a recommendation requesting a change in responsibility; the supervising physical therapist will still be responsible for the actions of the assistant they are supervising, on or off site. The same safeguards currently in practice to protect the public will remain in place.

In researching other states, AAHC has determined that there is a trend to allow indirect supervision. Research in some states (namely California) also revealed that the number of PTA complaints is not higher in states where indirect supervision is allowed, as compared to states where indirect supervision is not allowed.

4.) The estimated cost to the state and the general public of implementing the proposed increase in scope of practice

Any cost that is incurred in implementing physical therapy assistants into the home setting would be absorbed by the individual licensed home care agency. There will be no additional cost to the State or the general public. There is a potential reduction in the cost of physical therapy treatments for homebound residents as physical therapy assistants are paid at a lower rate than physical therapists.

Appendix A

Contact Information

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Appendix B

Arizona Association for Home Care Informal Survey Results

Survey Period: February 2005

Title: PHYSICAL THERAPY SURVEY

Purpose: Provide AAHC Liaison to the Legislative Affairs Committee with statistical data to document the shortage of physical therapy providers in the home health field resulting in the inability to provide necessary services to homebound patients, both adults and children.

Scope: To track the number of patients referred and denied physical therapy care during the month of February.

Participating agencies:	8
Correctly completed surveys:	7
Percentage of AAHC agency members participating:	20.5%

Results of correctly completed surveys:

Number of patients denied physical therapy due to lack of staff:	273
Total number of patients referred:	868
Percentage of denied patients:	31.5%

Appendix C

Arizona Association for Home Care/Arizona Physical Therapy Association On-line Survey Results

Please see attached

*Please note, this survey was conducted on www.surveymonkey.com, and is still active. These are the responses collected to date.



1. How many years have you practiced as a Physical Therapist?

	Response Percent	Response Total
Less than 1	6.1%	2
1-3	3%	1
3 or more	90.9%	30
Total Respondents		33
(skipped this question)		0

2. Do you have experience in any of the following areas? (Please check all that apply)

	Response Percent	Response Total
Home Health	71.9%	23
Long Term Care Facility	43.8%	14
Skilled Nursing Facility	62.5%	20
Inpatient Rehab	50%	16
Outpatient Rehab	68.8%	22
Schools	12.5%	4
Private Practice	62.5%	20
Other (please specify)	25%	8
Total Respondents		32
(skipped this question)		1

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3. If you haven't had previous experience in Home Health, what inhibits your practice in this area of care? (Please check all that apply)

	Response Percent	Response Total
Travel Time	16%	4
Pay	4%	1
Working Alone	12%	3
Paperwork	40%	10
Liability	12%	3
Level of Care	0%	0
Personal Costs (i.e. cellphone, fax, etc..)	16%	4
I currently work in the Home Health field	36%	9
Other (please specify)	24%	6
Total Respondents		25
(skipped this question)		8

[View](#)

4. What would entice you into the Home Health Field? (Please check all that apply)

	Response Percent	Response Total
Liability Insurance	37.5%	9
Car	45.8%	11
401K	29.2%	7
CEU Expenses Paid	54.2%	13
Cellphone	37.5%	9
Fax	16.7%	4
Mileage	70.8%	17
Paid Time Off	29.2%	7
Flexibile Schedule	66.7%	16
Geographic Location of Choice	70.8%	17
Weekend Differential	37.5%	9
Weekend Only work	20.8%	5
Other (please specify)	16.7%	4
Total Respondents		24
(skipped this question)		9

5. What do you think the annual income is of a Home Health Physical Therapist?

	Response Percent	Response Total
0-45,000	0%	0
45,000-55,000	6.5%	2
55,000-65,000	38.7%	12
65,000-75,000	25.8%	8
75,000+	22.6%	7
Other (please specify)	6.5%	2
Total Respondents		31
(skipped this question)		2

6. Would you be interested in learning more about the Home Health industry in a workshop setting if CEU's were offered?

	Response Percent	Response Total
Yes	69%	20
No	31%	9
Other (please specify)	0%	0
Total Respondents		29
(skipped this question)		4

7. Have you ever practiced physical therapy in a state where the use of physical therapy assistants to make generally supervised home health visits was an integral part of the system?

	Response Percent	Response Total
Yes 	18.8%	6
No 	78.1%	25
View Other (please specify) 	3.1%	1
Total Respondents		32
(skipped this question)		1

8. Would you be interested in having your contact information available on a password protected Homecare Web site so Home Health Agencies in need of PT services could contact you directly? By answering yes, you will be prompted to enter your name and e-mail address for further contact. By answering no, the survey is complete. Thank you for your participation.

	Response Percent	Response Total
Yes 	45.5%	15
No 	51.5%	17
View Other (please specify) 	9.1%	3
Total Respondents		33
(skipped this question)		0

9. Please enter your name below

View Total Respondents	17
(skipped this question)	16

10. Please enter your e-mail address below

View Total Respondents	17
(skipped this question)	16

Appendix D

Research Synopsis:

In addition to the attached matrix, please refer to the points below, which highlight additional research conducted on behalf of AAHC:

- Nebraska has the following provision in section 71-2811 of their State statutes:
 - Physical therapist assistant; perform physical therapy services; requirements
 - Any physical therapist assistant certified under section 71-2808 to 71-2822 to perform physical therapy services may perform those services only:
 - In the office of the physical therapist to whom the physical therapist assistant is assigned
 - When the physical therapist to whom he or she is assigned is present or providing supervision
 - In a hospital, with the approval of the appropriate authority of such hospital, where the physical therapist to whom he or she is assigned is a member of the staff, or
 - On calls outside the office of the physical therapist when the assigned patients and the place of practice of the physical therapist assistant are identical to that of the primary care supervisory physical therapist to whom he or she is assigned. A satellite office staffed solely by a physical therapist assistant is prohibited.

State Supervision Matrix

Please See Attached

State Supervision Comparison
Arizona Association for Home Care

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Alabama</i>	General Supervision or "Direction"	PT/PTA	National	PT's → 1,600 PTA's → 1,300	PT must provide direction to a PTA and oversee their activities on a regularly scheduled basis.
<i>Alaska</i>	General Supervision	PT	National	???	Outlines specific duties of a PT vs. PTA, for example, that the supervising PT make an on site visit at least once a month, and be available for consultation with the PTA by telephone, verbally, or in writing.
<i>Arizona</i>	Direct On-Site Supervision	PT/PTA	National	PT's → 3,034 PTA's → 395	PTA's shall perform designated routine tasks under the on-site supervision of a PT.
<i>Arkansas</i>	General Supervision	PT/PTA	National	???	Allows a PTA to operate under the supervision of a PT; supervision is defined as the PT "retains moral, ethical and legal responsibility for patient care and is readily available for consultation...the supervising PT is not required to be on-site, but must be at least available by telecommunication.
<i>California</i>	General, unless have not completed licensure	PT/PTA	National	PT's → over 30,000 PTA's → around 7,000	PT's must be available telephonically to PTA's at all times, after they have received their license. Before they are licensed, PTA's require on-site supervision. Scope determined by supervising PT and Board Rules.
<i>Colorado</i>	General Supervision	PT	National	???	Permits PTA's to be under the responsible direction and supervision of a PT. No reference to direct supervision, although it is defined in statute as on-site supervision

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Connecticut</i>	General Supervision	PT/PTA	National	???	Supervision is defined as the "overseeing of or the participation in the work of a PTA by a licensed PT including but not limited to continuous availability or direct communication between the PT and the PTA, and the availability of a PT to review on a regular basis the practice of a PTA and support the PTA in the performance of their services.
<i>Delaware</i>	General Supervision	PT	National	???	Allows indirect supervision if the PTA has had one year or more of work experience, and requires on-site face to face supervision at least once every fifth treatment day or once every three weeks, whichever occurs first. Requires the PT to be available and accessible by telecommunications to the PTA during all working hours of the PTA.
<i>Florida</i>	Allows both General and Direct Supervision	PT/PTA	National	???	Specifies under which cases a PTA may practice under the general supervision of a PT, and when they must practice under the on-site supervision of a PT.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Georgia</i>	General Supervision	PT/PTA	National	???	Allows a PTA to practice under the general supervision and direction of a PT, if their license is in "good standing." Has specific provisions for the home health setting, including requiring a consult with the PTA the PT is supervising at least once a week, chart documentation requirements, and requiring the PT to make an on-site visit to the patient no less than every sixth visit.
<i>Hawaii</i>	???	PT/PTA	National	???	Difficult to determine, outlines the duties of the supervising PT in statute, but makes no reference to requiring on-site or general supervision.
<i>Idaho</i>	General Supervision	PT/PTA	National	???	PTA's are allowed to practice under the general supervision of a PT, requiring the PT to be available by means of telecommunications.
<i>Illinois</i>	General Supervision	PT/PTA	National	???	The PTA may perform patient care activities under the general supervision of a PT, and the PT must maintain continual contact with the PTA including periodic personal supervision and instruction to insure the safety and welfare of the patient.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Indiana</i>	Off-Site Direct Supervision by a Physical Therapist or a Physician	PT/PTA	National	???	Requires a daily communication with the supervising PT or physician, but allows the PTA to perform services off site. Requires the supervising PT or physician to make a patient examination every 14 days for patients in a hospital, every 90 days or 6 physical therapy visits for patients in a facility for the mentally retarded or developmentally disabled, and every 30 days or 15 physical therapy visits for all other patients. Requires the daily communication to be via telecommunications, if not face to face.
<i>Iowa</i>	Both General and On-site Supervision	PT/PTA	National	???	Allows a PTA to work in varying settings with varying supervision requirements. For example, a PTA working in the home health setting is required to have a PT visit every 4 patient visits or 9 consecutive calendar days, while a PTA working in a hospital acute care is required to have a PT visit every 3 patient visits or 2 consecutive calendar days. All other supervision is on-site. Statue also outlines the specific tasks of a PT and a PTA.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Kansas</i>	General Supervision	PT/PTA	National	???	Allows a PTA to work under the "direction" of a PT, and direction is defined as the PT seeing all patients initially and evaluating the periodically except in those cases in a hospital setting when the PT is not immediately available, the PTA may initiate patient care after telephone contact with the PT for documented instruction.
<i>Kentucky</i>	General Supervision	PT/PTA	National	???	Allows general supervision of a licensed PTA by a licensed PT, who is readily available and accessible by telecommunications during the working hours of the PTA. Outlines the respective duties of both the PT and the PTA.
<i>Louisiana</i>	Depends on the setting, General Off-Site Supervision allowed in the Home Health Setting	PT/PTA	National	???	In the home health setting, the supervising PT must be readily accessible by beeper or mobile phone, and conduct a once weekly face-to-face patient care conference with each PTA to review progress and modification of treatment for all patients.
<i>Maine</i>	General Supervision	PT/PTA	National	???	Requires a PTA to be under the direction of a PT, and defines direction as continuing verbal and written contact by a PT with a PTA including periodic on-site supervision adequate to ensure the safety and welfare of the patient.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Maryland</i>	Direct Supervision	PT/PTA	National	???	A licensed PTA may practice only under the direction of a licensed PT who gives ongoing onsite supervision and instruction that is adequate to ensure the safety and welfare of the patient.
<i>Massachusetts</i>	General Supervision	PT/PTA	National	???	Allows for the general supervision of a licensed PTA, and outlines specific duties they can and cannot perform.
<i>Michigan</i>	???	PT	National	PT's → 6,765	No mention of PTA's in statute.
<i>Minnesota</i>	General Supervision	PT/PTA	National	???	Allows a licensed PTA to practice under the general supervision of a PT.
<i>Mississippi</i>	Direct Supervision	PT	National	???	Requires direct on-site supervision
<i>Missouri</i>	Direct Supervision	PT/PTA	National	???	"A licensed PT shall direct and supervise a PTA at all times...no PT may establish a treating office in which the PTA is the primary care provider, no licensed PT shall have under their direct supervision more than four PTAs."
<i>Montana</i>	General Supervision	PT/PTA	National	???	Allows a licensed PTA to practice under the general supervision of a PT.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Nebraska</i>	Direct Supervision, except in specifically defined circumstances	PT	National	???	Supervision means responsible supervision and control when a licensed PT assumes legal liability for the services of a PTA. Except in cases of emergency or when appropriate duties and protocols have been outlined in the initial application and approved by the board, supervision shall require that the PT be present on the premises of the practice site for consultation and direction of the actions of the PTA. Prohibits the use of a satellite office staffed solely by a PTA.
<i>Nevada</i>	General, after the PTA has worked 2,000 hours	PT/PTA	National	PT's → 972 PTA's → 278	PTA's are required to be supervised on-site until they have worked 2,000 hours, and then (with the sponsorship of a PT) they can be under "general supervision." Scope determined by supervising PT and Board Rules and Regulations
<i>New Hampshire</i>	General Supervision	PT/PTA	National	???	Allows a licensed PTA to practice under the general supervision of a licensed PT, requiring the PT to be available via telecommunications for PTA consultation.
<i>New Jersey</i>	Direct Supervision	PT/PTA	National	???	Direct onsite supervision is required of PTA's. However, the laws are sunseting, and are currently under review.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>New Mexico</i>	General Supervision	PT/PTA	National	PT's → 1,160 PTA's → 236	PT is responsible for a written plan of care, and may assign responsibilities to the PTA as defined in the Accreditation Handbook, the American Physical Therapy Association. The PTA may not make changes to a plan of care, and must have daily notes co-signed by the supervising PT.
<i>New York</i>	Continuous (general) Supervision in the Home Health Setting Allowed	PT	National	???	New York allows "continuous supervision," but not specifically on-site or direct supervision of a PTA who is assisting in the home care services setting.
<i>North Carolina</i>	General Supervision	PT/PTA	National	???	Allows a PTA to engage in off-site patient related activities that are appropriate for the PTA's qualifications and the status of the patient, and may document care provided without the cosignature of the supervising PT.
<i>North Dakota</i>	General supervision, with specific provisions re: home health	PT	National	???	Allows general supervision specifically in the home health, long term care and school settings. Requires on-site supervision in hospitals and other clinical settings. Additionally allows a PTA to document care provided without the cosignature of the supervising PT.
<i>Ohio</i>	General Supervision	PT/PTA	National/Licensure by Examination	PT's → 6,288 PTA's → 4,216	The PT shall select the appropriate portions of the patient treatment/plan of care to be delegated to the PTA. Any reports completed by the PTA to be included in the patient's record shall be co-signed by the supervising PT.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Oklahoma</i>	General Supervision	PT/PTA	National	???	General supervision is defined as "the responsible supervision and control of the practice of the licensed PTA by the PT." When non on-site, the PT must be on-call or readily available either physically or through direct telecommunication.
<i>Oregon</i>	General Supervision	PT/PTA	National	???	Provides that a PTA may provide treatment only when a PT is available. Available is defined as "readily accessible for consultation with the assistant, either in person or by means of telecommunications." Also outlines duties that a PTA may not perform.
<i>Pennsylvania</i>	Direct Supervision	PT/PTA	National	???	Requires the direct on premise supervision of a physical therapist.
<i>Rhode Island</i>	General allowed, in certain settings	PT/PTA	National	???	Allows a PTA to be the on-site supervisor for both physical therapist assistant students, and additional supportive personnel. Requires a PT to be available via telecommunications to the PTA at all times during treatment. Outlines the respective responsibilities of a PT/PTA.
<i>South Carolina</i>	General Supervision	PT/PTA	National	???	Allows general supervision of a licensed PTA, unlicensed PTA's or students must be under the on-site supervision of a licensed PT or a licensed PTA.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>South Dakota</i>	General Supervision	PT	National	???	Supervision is defined as "the responsibility of the PT to observe, direct, and review the work, records, and practice...to ensure the patient, the PT and the PTA that good and safe treatment is rendered." Requires the PT to be available telephonically, and that the PTA's first patient visit be a joint visit with the supervising PT.
<i>Tennessee</i>	General Supervision	PT/PTA	National	???	Statute outlines the responsibilities of the supervising PT, and states that a licensed PT may not supervise a PTA that is working at a site further than 60 miles or one hour from the PT's primary practice address, and must be available by telephone or other means when the PTA is off-site delivering services.
<i>Texas</i>	General Supervision	PT/PTA	National	PT's → 8,686 PTA's → 3,784	State Statute does not limit the number of assistants/aides that can be supervised. Requires a PT to be on call and readily available when services are being provided, and may only assign responsibilities based on a PTA's training.
<i>Utah</i>	General Supervision	PT	National	???	Activities must be directed and approved by the supervising PT.

<i>State</i>	<i>Current Supervision Standards</i>	<i>Licenses Offered</i>	<i>Exams Required</i>	<i>PT's/PTA's</i>	<i>Scope of Practice</i>
<i>Vermont</i>	General Supervision	PT/PTA	National	???	The PT must make regular visits at reasonable frequency to the place where the PTA is providing service. Also describes duties of the PT and PTA, and requires the PT to make a recurring visit every 5 th visit or 30 days, whichever occurs first.
<i>Virginia</i>	General Supervision	PT/PTA	National	???	Code outlines the tasks that can be performed by a PT as well as a PTA. PT has full responsibility for all assistive personnel. PT's can directly supervise no more than 3 assistive personnel at a time.
<i>Washington</i>	Allows both direct and indirect supervision	PT/PTA	Board approved PTA program	???	PT is responsible for patient care given by any staff under their supervision, and State Code specifies the duties that can only be performed by a PT. Requires a PT to make a recurring visit.
<i>West Virginia</i>	General Supervision	PT/PTA	National	???	Supervision → "authoritative procedural guidance by a licensed PT for the accomplishment of a function or activity with initial direction and periodic inspection on a regular basis by a PT of the actual act of accomplishing the function or activity."
<i>Wisconsin</i>	General Supervision	PT/PTA	National	???	Licensed PTA's may practice under the general supervision of a licensed PT. Wisconsin Statute outlines the duties that both a PT and a PTA may perform.
<i>Wyoming</i>	General Supervision	PT/PTA	National/Registration Required	???	Registered PT's and PTA's may both delegate duties and activities to be performed by "assistive personnel."

Appendix E

Examples of other States supervision statutes

North Dakota §61.5-05-01-02

- Service in home health, long-term care, and school settings
 - A qualified physical therapist must be accessible by communication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient.
 - An initial visit must be made by a qualified physical therapist for evaluation of the patient and establishment of a plan of care.
 - A joint visit by the physical therapist and the physical therapist assistant or a conference between the physical therapist and physical therapist assistant must be made prior to or on the first physical therapist assistant visit to the patient. The physical therapist must complete the initial evaluation
 - At least once every sixth physical therapist assistant visit or at least once every thirty-calendar days, whichever occurs first, the physical therapist must visit the patient. Following each onsite visit by a physical therapist, the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modification. The physical therapist must make the final visit to terminate the plan of care.
 - A supervisory onsite visit must include
 - An onsite functional assessment
 - Review of activities with appropriate revisions or termination of plan of care
 - Assessment of utilization of outside resources.

New York §6738

- For the purposes of the provision of physical therapist assistant services in a home care services setting....whether such services are provided by a home care services agency or under the supervision of a physical therapist licensed pursuant to this article, continuous supervision of a physical therapist assistant, who has had direct clinical experience for a period of not less than two years, by a licensed physical therapist shall not be construed as requiring the physical presence of such licensed physical therapist at the same time and place where such services are performed. Also limits the number of physical therapist assistant's supervised in the home care services setting by a licensed physical therapist to not exceed the ratio of two physical therapist assistants to one licensed physical therapist.
 - Continuous supervision shall be deemed to include:
 - The licensed physical therapist's setting of goals, establishing a plan of care and determining whether the patient is appropriate to receive the services of a physical therapist assistant subject to the licensed physical therapist's evaluation
 - An initial joint visit with the patient by the supervising licensed physical therapist and the physical therapist assistant
 - Periodic treatment and evaluation of the patient by the supervising licensed physical therapist, as indicated in the plan of care and as determined in accordance with patient need, but in no instance shall the interval between such treatment exceed every six patients visits or thirty days, whichever occurs first
 - A final evaluation by the supervising licensed physical therapist to determine if the plan of care shall be terminated.

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ARIZONA STATE LEGISLATURE

INTERIM MEETING NOTICE OPEN TO THE PUBLIC

SENATE HEALTH AND HOUSE OF REPRESENTATIVES HEALTH
COMMITTEE OF REFERENCE FOR THE:
SUNSET OF THE HEALTH FACILITIES AUTHORITY
SUNSET OF THE MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
SUNSET OF THE NURSING CARE INSTITUTION ADMINISTRATION AND ASSISTED LIVING
SUNSET OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS
SUNRISE REQUEST OF THE ARIZONA ASSOCIATION FOR HOME CARE
SUNRISE REQUEST OF THE ARIZONA MIDWIFERY INSTITUTE
SUNRISE REQUEST OF THE ARIZONA ALLIANCE OF SURGICAL SPECIALISTS

Date: Tuesday, November 8, 2005

Time: 9:00 a.m.

Place: House Hearing Room 1

AGENDA

1. Call to Order – Opening Remarks
2. Health Facilities Authority
 - Presentation by the Health Facilities Authority
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
3. Medical Radiologic Technology Board of Examiners
 - Presentation by the Medical Radiologic Technology Board of Examiners
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
4. Nursing Care Institution Administration and Assisted Living Facility Managers Board
 - Presentation by the Nursing Care Institution Administration and Assisted Living Facility Managers Board
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
5. Board of Homeopathic Medical Examiners
 - Presentation by the Board of Homeopathic Medical Examiners

- Public Testimony
 - Discussion and Recommendations by Committee of Reference
6. Arizona Alliance of Surgical Specialists
- Presentation by the Arizona Alliance of Surgical Specialists
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
7. Arizona Association for Home Care
- Presentation by the Arizona Association for Home Care
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
8. Arizona Midwifery Institute
- Presentation by the Arizona Midwifery Institute
 - Public Testimony
 - Discussion and Recommendations by Committee of Reference
9. Adjourn

Members:

Senator Jim Waring, Co-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

Representative Rick Murphy, Co-Chair
Representative David Bradley
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Quelland

10/31/05
jmb

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ARIZONA STATE LEGISLATURE

SENATE HEALTH AND HOUSE OF REPRESENTATIVES HEALTH COMMITTEE OF
REFERENCE FOR THE:
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SUNRISE REQUEST OF THE ARIZONA ALLIANCE OF SURGICAL SPECIALISTS

Minutes of the Meeting
Tuesday, November 8, 2005
9:00 a.m., House Hearing Room 1

Members Present:

Senator Jim Waring, Co-Chair
Senator Carolyn Allen
Senator Marsha Arzberger
Senator Robert Cannell
Senator Barbara Leff

Representative Rick Murphy, Co-Chair
Representative Laura Knaperek
Representative Linda Lopez
Representative Doug Quelland

Members Absent:

Representative David Bradley

Staff:

Beth Kohler, Senate Health Research Analyst
Elizabeth Baskett, House Health Research Analyst

Co-chairman Murphy called the meeting to order at 9:12 a.m. and attendance was noted.

Presentation by the Health Facilities Authority

Blaine Bandi, Executive Director, Health Facilities Authority (HFA), stated that his organization was established in 1977 to issue bonds exempt from income tax on the Authorities interest which enables them to get lower interest rates. He explained that the Authority would then loan their proceeds to health care facilities at lower rates than the healthcare facilities would receive from banks. Mr. Bandi remarked that the Authority provided low cost loans for rural and underserved healthcare facilities.

He stated that rural communities that have benefited from the program included:

- Flagstaff
- Kingman
- Prescott
- Wickenburg
- Douglas
- Springerville
- Page
- Bisbee
- Camp Verde
- Fort Mojave
- Peach Springs
- Sacaton
- Elfrida
- Morenci
- Ajo
- St. Michaels

Mr. Bandi remarked that the Health Facilities Authority was not a regulatory agency and that it existed solely to improve the health care for the residents of Arizona through the financing of critical health care projects. He remarked that failure to continue the Authority would deprive the State's health care providers of a needed source of tax exempt financing. He respectfully requested the Committee of Reference recommend the Arizona Health Facilities Authority be continued for ten years.

In response to Senator Cannell's question about the possibility of a hospital not paying their loan back, Mr. Bandi told the Committee that since the inception of the HFA in 1977, this had only occurred once. He remarked that payments by that hospital were still being made to HFA. Mr. Bandi added that the residents of the State have no legal obligation to back up those bonds because they were issued solely on the credit of the institution.

Representative Knaperek asked Mr. Bandi to list the seven directors for HFA and he did so as follows:

1. **Bruce Gullede**, health care underwriter who does financing for health care institutions across the country.
2. **Donald Shropshire**, former hospital administrator; Tucson Medical Center.
3. **Jennifer Ryan**, community health center director from Southern Arizona.
4. **Rufus Glasper**, Chancellor of the Maricopa County Community College District.

5. **William Emerson**, City Attorney for the City of Peoria.
6. **Susan Straussner**, Community Health Nurse from Parnell County.
7. **Steven Russo**, Bond Attorney based in Tucson.

In response to Representative Knaperek's question about funding, Mr. Bandi told the Committee that the HFA's annual budget was approximately \$300,000 per year and that revenues to the Authority were generated through bond financing activities. He stated that when the HFA approved bonds, applicants are paying one basis point, which is .01 of one percent of total financing. He remarked that additionally applicants paid 7.5 basis points which was equal to .075 percent. Mr. Bandi told the Committee that the HFA brought in between \$300,000 to one million dollars per year, a five year cycle with one million dollars every fifth year. He added that the extra money was used for loans to other healthcare facilities in underserved parts of the State. Mr. Bandi told the Committee that the credit rate was predicated on a number of things, the most prominent being the credit worthiness of the applicant and also on the term and purpose of the loan. He remarked that he had seen the interest rates in the range of about four percent up to about seven percent.

Representative Knaperek asked the amount of savings in interest rates there was for people who used the HFA services. Mr. Bandi responded that historically, the industry used a figure of 15 percent savings going to tax exempt financing versus taxable financing. He stated that today, when interest rates are lower, that 15 percent figure would be closer to 10 or 11 percent.

In response to Representative Quelland, Mr. Bandi stated that the title holder on any property in which the HFA loaned money is going to be that non-profit corporation. He remarked that the HFA had liens on record for every loan they do. Mr. Bandi explained that the bond financing has specific guidelines and rules the HFA must follow in the event of a default.

In response to Senator Leff, Mr. Bandi told the Committee that HFA hired a lobbyist solely from lack of experience with legislative scenarios and to help the organization navigate through the process.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend to continue the Health Facilities Authority Board for ten years. By voice vote, the motion CARRIED.

Presentation by the Medical Radiologic Technology Board of Examiners

Aubrey Godwin, Director, Radiation Regulatory Agency, told the Committee that the Medical Radiologic Technology Board of Examiners (MRTBE) was created in 1977 by

legislation due to the large number of unqualified technicians in the State. He stated that the role of MRTBE was to make sure that technicians or people applying ionizing radiation to a human being had been properly trained. He remarked that the type of technologist observed by MRTBE were X-ray, therapy, nuclear medicine and mammography technologists. Mr. Godwin pointed out that nuclear medicine technology had been added recently to MRTBE's certification program. He stated that MRTBE presently had approximately 9,000 certificate holders, some of whom hold dual certification. Mr. Godwin pointed out that most of the MRTBE cases dealing with disciplinary matters were related to failure to pay dues or questionable certifications since their last sunset review.

In response to Senator Allen, Mr. Godwin explained that drug treatment was made available through MRTBE for certified technicians who may need it and failure to successfully complete these proceedings would result in termination of certification.

In response to Senator Cannell, Mr. Godwin said that most of the drug related issues with technicians took place in larger institutions such as hospitals as opposed to private physician offices. He stated that if the institution where a troubled technician worked had a drug treatment program, MRTBE would direct the technician to utilize that program and if not, the technician would attend an independent drug program paid for by the technician.

In response to Senator Arzberger, Mr. Godwin remarked that due to the different State requirements for technician certification, out of town applicants must be certified in Arizona before working in this State.

In response to Representative Knaperek, Mr. Godwin told the Committee that there were both nationally certified and non-nationally certified radiological technician schools in Arizona. He stated that the vacancy on MRTBE had been available for less than one year.

In response to Representative Murphy, Mr. Godwin told the Committee that he looked forward to finding a citizen to fill the vacancy on the MRTBE.

In response to Representative Knaperek, Mr. Godwin remarked that due to the shortage of technicians in the State, Arizona has experienced an influx of out of State technicians.

In response to Senator Allen, **John Gray, Program Manager, MRTBE**, informed the Committee that a high school graduate could enter into the field of radiological technology either through community college or privately funded programs. He added that private school training took two years or less.

In response to Senator Leff, Mr. Godwin stated that there was a continuing education requirement in place for the field of radiological technology due to changing technology.

Public Testimony

Jerry High, Arizona State Society of Radiologic Technologists, told the Committee that out of concern for public safety, he was glad that certification was required before becoming a technician.

In response to Senator Leff, Mr. Hyde said that passing the "Registry," a test sponsored by the American Association of Radiologic Technology (AART) was very difficult, yet allowed him to be nationally certified.

In response to Senator Leff, Mr. Godwin told the Committee that radiologic technologists were certified professionals, not licensed professionals.

Stephen Sapareto, Director of Medical Physics, Banner Good Samaritan Hospital, stated that he was the boss of the technologists at his facility and expressed the importance of technologists to be certified. He pointed out that another group certified by MRTBE were radiologic therapists, who administered ongoing care such as chemotherapy, and that it was especially important for these therapists to be certified.

In response to Senator Leff, Mr. Safereto explained that radiologic technologists and therapists had a chief technologist or therapist supervising them, followed by a chain of command that ultimately led to a physician at his facility.

Jeff Siupik, Director of Radiation Services, MRTBE told the Committee that being a director of technologists, he is concerned about the shortage of technologists in the State due to strict standards by the MRTBE on non-local technologist operating machinery in a crisis situation.

Senator Leff opined that two weeks, the time it takes for MRTBE to certify a non-local technician, was not a long period of time.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend to continue the Medical Radiologic Technology Board of Examiners for ten years. The motion CARRIED by voice vote.

Presentation by the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers

Allen Imig, Executive Director, Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (BENCIA/ALFM), informed the Committee that the Board was created in 1975 to protect the public's health and welfare by regulating and licensing nursing care institution administrators. He stated that in 1990, the board statutes were amended to add the responsibility of certifying and regulating adult home care managers and renamed in 1998 to Assisted Living Facility Managers. The mission of the Board was to protect the health, welfare and safety of its

citizens, to seek and institute the use of services of nursing care institution administrators and assisted living facility managers. Mr. Imig said that the Board's procedures helped ensure quality and competency standards were met by administrators and managers. In addition, the Board approves continuing education courses to make sure quality and useful education is being taught. He explained that since June of 2005, the Board had undergone an "extreme makeover" with virtually all new members being appointed. This reduced the back log of uninvestigated complaints significantly. Mr. Imig told the Committee that the Board had reduced their staff from five to three, leaving an executive director, investigator and a licensing coordinator. He encouraged the Committee to continue the BENCIA/ALFM.

In response to Senator Allen, Mr. Imig said that the Board consisted of five managers, two public members and the remaining members were administrators.

Senator Allen opined that home care nursing staff deserved better pay.

In response to Senator Waring, Mr. Imig stated that the changes made to the Board has helped, but not solved its financial problems.

In response to Senator Arzberger, Mr. Imig said that his Board investigated complaints from citizens regarding private care nurses and administrators as well as complaints filed by the Department of Health Services.

In response to Senator Waring, Mr. Imig told the Committee that the Board's website contained information regarding decisions on disciplinary action.

In response to Senator Allen, Mr. Imig explained that out of the last renewal period for managers, 2,000 of 2,500-2,600 renewal notices sent were renewed, causing 578 expired notices to be sent by the Board.

In response to Senator Leff, Mr. Imig opined that his Board received between 60 and 70 complaints a year, mainly not health care related but administrative related.

In response to Senator Waring, Mr. Imig stated that with the current staff, the Board should catch up on its back log of complaints by January 2006.

In response to Representative Quelland, Mr. Imig remarked that the Board was actively seeking replacements for the three vacancies on the Board.

Senator Leff suggested that the Committee send a letter to the Governor encouraging her to appoint the three positions.

In response to Representative Quelland, Mr. Imig opined that he would like to see a five year continuation be given to the Board.

Representative Knaperek remarked that time elected to the Board would reflect concerns with term limits and not reflect faith in Mr. Imig.

Public Testimony

Robert Frechette, President, Arizona Health Care Association (AHCA), told the Committee that on behalf of his Board, he would like to offer support in the continuation of the BENCIA/ALFM. He opined that the efforts implemented by the new staff showed that the Board was very serious about suggestions and concerns brought forth by the Legislature.

In response to Senator Waring, Mr. Bruschette stated that the AHCA was seen as the organization that represented the for profit facilities, containing some non-profit facilities and representing assisted living communities and independent full service communities. He said that Assisted Living Federation represents assisted living centers in homes and the Arizona Association of Homes for the Aging represents a number of facilities seen as non-profit businesses.

In response to Senator Cannell, Mr. Bruschette opined that if fee increases were necessary to fund the continuation of the Board, that it would be supported by AHCA.

Senator Leff stated that if the Committee made a five year recommendation at this meeting and the audit comes out in December and is changed, the legislation coming out in January does not have to be the same as the recommendation.

Representative Knaperek told the Committee that Mr. Imig had a good work history as a Director in other fields.

In response to Representative Knaperek, Beth Kohler, Senate Health Research Analyst, stated that the first audit of the Board would take place approximately six months after nomination adding an 18 month follow up audit, only if the requirements and recommendations made by the report were not met.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers be continued for two years. The motion FAILED.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Board of Examiners Nursing Care Institution Administrators and Assisted Living Facility Managers be continued for five years pending the findings of the Auditor General's report due in December of 2005. The motion CARRIED.

Presentation by the Board of Homeopathic Medical Examiners

Chris Springer, Executive Director, Homeopathic Board, told the Committee that she had worked for the Board of Homeopathic Medical Examiners (BHME) since 1999. She complimented appointments made to the Board by all of the Governors on both the Democrat and Republican side. She opined that the laws governing the licensing of homeopathic physicians set forth by the State had been upheld. Ms. Springer stated that a potential audit could be helpful in improving procedures and welcomed the process of an impartial audit. She said that the Board currently has 117 licensed homeopathic physicians.

Senator Leff opined that it was nice to hear Ms. Springer suggest an audit of the Board and noted that BHME had gone approximately 20 years without an audit.

Senator Allen opined that she would like to see an audit of the BHME as well. She added that in no way did legislation intend to do away with the homeopathic form of medicine.

In response to Representative Lopez, Ms. Springer stated that a licensed homeopathic physician could only continue to practice in one state after receiving disciplinary action in another state for less than one year, due to the Board's annual renewal application required of all homeopathic physicians, which would discover the violation in the other state.

In response to Representative Murphy, Ms. Springer said that there was the possibility of a physician being dishonest about any past disciplinary action, however, there is a standard penalty in place for such an event.

In response to Senator Waring, Ms. Springer told the Committee that there was not an easily accessible data base of criminal background checks for physicians and added that the fee to search names on the federal data base was \$3.75 per name.

Senator Leff opined that being dishonest on an application should have strong consequences for any physician when dealing with the subject matter of past disciplinary action.

Dr. Charles Schwengel, President of the Homeopathic Medical Licensing Board, told the Committee that being dishonest on an application was the most egregious of unprofessional conduct that could happen.

In response to Representative Knaperek, Ms. Springer stated that a physician lying on the application was discovered once and a letter of concern was issued.

Representative Knaperek opined that there should be a certain amount of consideration afforded to the applicant on whether the incident was an issue of forgetfulness or deliberate intent.

In response to Senator Cannell, Ms. Springer stated that setting aside funds to check each individual physician's background would be a step in the right direction.

Senator Allen remarked that the concerns stated today could be addressed in the forthcoming audit.

In response to Representative Quelland, Ms. Springer told the Committee that some traditional doctors became homeopathic physicians, and then dropped their traditional medical license.

In response to Representative Quelland's comments on a medical doctor dropping their license to pursue homeopathy due to decreased chances of medical malpractice occurring, Dr. Schwengel remarked that he could not comment on the personal reasons a physician might do this.

In response to Representative Murphy, Ms. Springer stated that the percentage of homeopathic physicians who were previously licensed as medical doctors was very low.

Representative Murphy told the Committee that some physicians may choose to not carry medical malpractice insurance to avoid becoming a target for medical malpractice.

Senator Cannell opined that there was a fear with physicians of becoming a target for medical malpractice by carrying medical malpractice insurance.

In response to Senator Waring, Ms. Springer stated that BHME kept records indefinitely of reported complaints against homeopathic physicians. She told the Committee that in her opinion, the BHME should only keep records for up to five years similar to other medical boards.

In response to Senator Waring, Ms. Springer remarked that she felt it necessary to keep records of complaints for longer than five years, only if they were substantiated.

In response to Senator Allen suggesting that more public members should be on the BHME, Ms. Springer said that additional public members on the Board would be a good idea.

Public Testimony

Dr. Kathleen Fry, dually licensed by the Arizona Medical Board and Arizona Homeopathic Medical Board, told the Committee that she had gathered a large amount of important information pertaining to the BHME that she would like to share with the Legislature and the Office of the Auditor General. She stated that she had been committed to the practice of homeopathic and alternative medicine for twenty years in Scottsdale, Arizona. She remarked that it was not her intent to keep patients from receiving homeopathic care. Dr. Fry opined that the BHME had been grossly negligent

in its spiritual, moral and judicial responsibilities to protect the public from unscrupulous physicians by licensing felons, failing to adequately discipline physicians who had harmed patients, failing to adequately file complaints against other board members and by giving licenses to physicians who could not pass a basic oral examination of homeopathy. She stated that when she was recruited to the BHME in 1994, she was informed by the Board that her dues were necessary to keep the Board in existence and to allow her to continue to practice homeopathic medicine. Dr. Fry remarked that the dues for the Association were \$1000 per year in addition to the \$500 per year licensing fee and the \$150 dispensing fee. She explained that if a homeopathic physician in Arizona lost their M.D. license in another state, they could still practice homeopathy here in Arizona which gives that physician the power to write prescriptions for all classes of drugs, conduct minor surgery in their office, perform acupuncture and various other medical techniques. In conclusion, Dr. Fry told the Committee that the homeopathic license gives the physician a much broader range of modalities that they can use with much less scrutiny and training.

In response to Senator Waring, Dr. Fry stated that in theory, physicians who had marks on their records in other states should be rehabilitated in that state before being allowed a license in Arizona, but that had not always been the case.

In response to Representative Knaperek, Dr. Fry remarked that transcripts from board meetings that she had obtained from Ms. Springer, were public record.

In response to Senator Leff, Dr. Fry explained that a device called a sputnik originated in Russia and is swallowed by a patient and designed to kill parasites by radiation. She told the committee that a physician sold the device to a patient in Florida over the phone, and that upon taking this device orally, the patient developed a bowel obstruction resulting in the removal of several feet of her intestine. She added that the said physician, being one of the originators of the BHME, only received a letter of concern and an apology by the Board for placing that letter in the physicians file.

In response to Senator Waring, Dr. Springer told the Committee that she disagreed with Ms. Fry's perception of the Board.

Dr. Todd Rowe, Homeopathic and Integrative Medical Physician, Desert Institute of Classical Homeopathy, dually licensed, told the Committee that he had been practicing homeopathic medicine for over twenty years. He urged the Committee to continue the BHME. He remarked that after attending several meetings over the years of the BHME, he had found most of what Dr. Fry said to be untrue.

In response to Senator Cannell, Dr. Rowe stated that the number of out-of-state homeopathic physicians licensed in Arizona was very small. He explained that Arizona was one of only three states who had homeopathy boards and that this was another reason for an increase in out-of-state applicants in this State.

In response to Senator Leff, Dr. Rowe said that his homeopathy school had a 1,000 hour program for homeopathy, with plans on expanding that program to 4,000 hours within the next few years.

In response to Senator Leff, Dr. Rowe stated that the qualifications for a license for homeopathy consisted of either 40 hours of class of homeopathy, in addition to 300 hours of alternative medicine, or 90 hours of class for homeopathy. He opined that this met the minimum requirements to become a homeopathic physician and commented on the fact that some applicants were already licensed medical doctors.

Lee Bakunin, practicing attorney in Arizona for 36 years, representing self, told the committee that he had spent the last eleven years of his life studying homeopathy. He explained that after the required 90 hours, there was no continuing education required to continue practicing homeopathy. Mr. Bakunin said that the Auditor General may come across the problem of incomplete records of past BHME meetings.

In response to Representative Quelland, Mr. Bakunin said that he currently had studied about 2,000 hours of homeopathy.

Gladys Conroy, patient of homeopathy, representing self stated that homeopathy had saved her life. She told the Committee that standard medication caused her great danger.

Clifford Heinrich, practicing family physician for alternative medicines, opined that no alternative medical board should be able to have jurisdiction over the spiritual practice of homeopathy. He added that he had obtained over 1,200 hours of homeopathy. Dr. Heinrich told the Committee that he had a petition with 200 signatures recognizing homeopathy as a spiritual practice. He stated that he had an additional petition to request the Legislature audit the BHME for "reasons previously addressed in the meeting."

In response to Senator Allen, Dr. Heinrich opined that homeopathy was being misrepresented by the BHME from its original spiritual foundation, causing the public to believe they were receiving homeopathic care when in fact, they were not.

In response to Representative Knaperek question about the spiritual aspect of homeopathy, Dr. Heinrich explained that a nonmaterial substance was one that had been diluted to a point where the original property is no longer there, leaving only the essence of that object.

In response to Representative Murphy, Dr. Heinrich told the Committee that he wanted the separation between homeopathy and alternative medicines distinguished by the State.

Amanya Jacobs, Director of Evolution of Self/Soul School Homeopathy, remarked that she was deeply committed to making homeopathy available to all citizens in the

State. She said that the Board regulated activities that it deemed homeopathy which were totally unrelated to that area of medicine. Ms. Jacobs stated that she was in favor of an audit of the BHME.

Linda Heming, Arizona Homeopathic and Integrative Medical Association, told the committee that western medicine could not help her and homeopathy saved her life.

Senator Leff remarked that the open meeting law stated that recordings and minutes must be kept by the open body and must be accurate and open for inspection three days after the meeting, with no language about whether or not they could be destroyed at any time period.

Russell Olinsky, patient of homeopathy, spoke in favor of the BHME.

Cynthia MacLuskie, patient of homeopathy, told the Committee that all homeopathy medicines were not available at health food stores and that prescriptions were the only way to obtain some of these medicines.

Lisa Platt, Arizona Homeopathic and Integrative Medical Association, speaking on behalf of the BHME, remarked that BHME was not recruiting felons. She stated that a number of patients had told her how homeopathy had saved their lives.

Senator Allen moved that the Senate Health and House Health Committee of Reference recommend that the Board of Homeopathic Medical Examiners continue for two years, adding the request for an audit addressing the concerns covered in today's committee.

Representative Quelland explained his vote. He said that although he did not have an educational background in homeopathy, the homeopathic physicians had a certain amount of disagreement and confusion among themselves. He reminded the Committee that this was just a recommendation and that someone was going to create a bill and that bill would be voted on, making today's vote not a guarantee that the Board will continue, and he voted "aye."

Senator Cannell explained his vote. He said that although he advocated homeopathy and the continuation of the Board, that the BHME had suffered a "major black eye" today. He opined that the director and the president of the boards had not changed their attitudes and that they should consider their Board a precious commodity by not diluting their group of good physicians with out of state applicants with questionable credentials and he voted "aye."

Senator Leff explained her vote. She requested the Auditor General to do both a financial and performance audit. She remarked that the people who came forward today against the Board should feel free to do so without retaliation and she voted "aye."

Senator Waring explained his vote. He said that he was very frustrated with the Board, and that he would be the first to vote "no" on a bill in the following session if changes weren't made, but since today's vote was merely a recommendation, he would vote "aye."

Representative Murphy explained his vote. He said that he shared many of the concerns voiced by the Committee members today and looked forward to hearing what the Auditor General had to say and he voted "aye."

The motion CARRIED by a roll call vote of 9-0-1 (Attachment 1).

Representative Murphy RECESSED the meeting at 1:35 p.m. to the sound of the gavel.

Representative Murphy RECONVENED the meeting at 2:30 p.m.

Presentation by the Arizona Midwifery Institute

Marinah Valenzuela Farrell, President of the Arizona Midwifery Institute (AMI), submitted handouts (Attachment A) and (Attachment B) to the Committee. She told the Committee that as midwives, their main concern was for safe outcomes of mothers and babies. She remarked that midwives chose home birth because they believe that birth is a natural and safe event in the life of a woman. Ms. Farrell explained that in the 1970's, midwifery became licensed in the State, yet because of medical liability issues, midwives had experienced difficulty in consults with physicians and access to items to assist in home birth.

In response to Senator Allen, Ms. Farrell stated that midwife licensing exams were very tough and that she had received specialized intravenous training in New Mexico through the local hospital.

In response to Senator Cannell, Ms. Farrell told the Committee that licensing of midwives was dependent upon number of hours of experience in child birth delivery with that applicant. She stated that there were also schools available to midwives that involved intense clinical training. Ms. Farrell said that a surveyor in the Department of Special Licensure administered a national exam to applicants in which upon passing, the applicant must then go through an oral board and upon passing this, must complete a practical exam which is overseen by the surveyor and other midwives. She told the Committee that midwives were trained in resuscitating babies.

In response to Senator Leff, Ms. Farrell stated that the midwives were requesting that a physician not be required to sign off on supplies.

Representative Lopez opined that her own personal experience of giving birth to her last two children at home from midwives was a wonderful experience.

Representative Quelland informed the Committee that Arizona had 53 licensed midwives with 22 of them located in Maricopa County and that there were 343 midwife births in the home in 2004 in the State.

In response to Representative Quelland, Ms. Farrell remarked that none of the 343 reported midwife births reported in 2004 resulted in any problems. She stated that although medical malpractice and liability insurance was available to midwives, the majority refused it due to its cost in proportion to their pay. She told the Committee that the Arizona Health Care Cost Containment System (AHCCCS) discontinued the payment for midwife delivery two years ago due to midwives not carrying medical malpractice and liability insurance which could possibly put AHCCCS at risk for such claims.

Senator Leff stated that midwives dealt mostly with low-risk births and that she would like to see the issue of AHCCCS discontinuing payment for midwife births examined.

Senator Cannell opined that the Committee should hear from AHCCCS because they obviously found midwifery funds a financial risk for some legitimate reason.

Ms. Farrell told the Committee that mothers who chose home births mainly did so, not for financial reasons, but because of belief that the hospital environment was just one intervention leading to another.

Public Testimony

Rory Hays, Arizona Nurses Association, said that the items asked for by the AMI were appropriate, if accompanied by more training. She stated that she opposed expanding prescription privileges for anything requiring a Drug Enforcement Agency number.

In response to Representative Quelland, Ms. Hays said that certification would be appropriate for midwives.

Ms. Farrell stated that the only thing midwives were requesting was the power to obtain items already in their reach through a physician, without that physician's pre-approval and that the laws were already in place on limitations for uses with these items.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Legislature expand the scope of practice for Arizona's licensed midwives by allowing procurement, possession, and administration of various medical devices and medications which will be named in the bill. The motion was CARRIED by voice vote.

Senator Allen opined that midwifery was a choice to be made by the citizen and she hoped that fatalities did not occur due to the choice of using such a method.

Presentation by the Arizona Association for Home Care

Suzanne Gilstrap, representing the patients for the Arizona Association for Home Care (AAHC), stated that AAHC was founded in 1983 with a mission to advance quality home care as an integral component of the health care delivery system. She told the Committee that she believed in continuing education for home care providers. She remarked that AAHC had discussed having a joint workshop with the Physical Therapy Association (PTA) but never actually initiated these workshops. Ms. Gilstrap requested that the Committee grant an expansion to allow physical therapy assistants to work under general supervision of a physical therapist as opposed to direct supervision. She told the Committee that the AAHC respectfully requested the joint Committee recommend that physical therapy assistants be allowed to practice in the home health care setting and only in that setting under the following conditions:

- The supervising physical therapist shall be solely responsible for evaluating the patient and determining a plan of care.
- The supervising physical therapist shall be available at all times via telecommunication while the physical therapist assistant is providing treatment interventions.
- The supervising physical therapist supervises no more than two physical therapy assistants.
- The supervising physical therapist shall see the patient and revise the plan of care no less than every 21 days.
- The supervising physical therapist not assign responsibilities to the physical therapy assistants that in any way allow them to provide evaluation services for procedures.
- Continuing education requirements should be added to the statute as well.
- The physical therapist would be the one responsible for final evaluation and discharge of the patient.

In response to Senator Arzberger, Ms. Gilstrap said that proposing a mileage limit would be a good idea in reference to a physical therapist along with the constant telecommunication contact. She stated that it was not unusual to recommend that the practice of home care be extended to other areas outside of the home such as hospitals.

In response to Senator Leff, Ms. Gilstrap remarked that the AAHC was not intending to mandate what physical therapists do, but to enable legislation that would allow them to choose.

In response to Representative Murphy, Ms. Gilstrap stated that home care therapist assistants were well schooled for their job no matter what setting, with the exception of no clinical experience required of the physical therapist.

In response to Senator Waring, Ms. Gilstrap remarked that in all fields of medicine, health care providers were experiencing an inability to serve patients.

Representative Lopez opined that an outside organization should not be directing physical therapists on how to conduct their practice.

In response to Senator Allen, Ms. Gilstrap told the Committee that currently more than 45 states allow general supervision in the home health care setting and that the only two states that do not allow it are Pennsylvania and Arizona.

Public Testimony

Karen Jeselun, President of the Arizona Association for Home Care, stated that even if there were no home care physical therapist available at the time, a patient could still be released from the hospital even though they required home care to continue recovery. Ms. Jeselun compared the relationship between a physical therapist and a physical therapist assistant to that of a registered nurse and a licensed practical nurse. She told the Committee that all of their home care providers go through an interview process, a mandatory criminal background check and participate in orientation often with preceptors.

In response to Representative Knaperek, Ms. Jeselun stated that Medicare currently paid home health agencies on an episode basis, meaning for every 60 days of time that patient is in the care of a home health provider, the home care provider gets a lump sum. She opined that she was hoping to serve more patients with no increase in cost.

Susie Stevens, representing the Arizona Physical Therapy Association (AZPTA), informed the Committee that the definitions of general supervision and direct supervision needed to be reviewed. She stated that she was there in opposition to the sunrise request.

Heidi Herbst Paakkonen, Executive Director of the Arizona Board of Physical Therapy (ABPT), told the Committee that the ABPT regulates about 3,200 physical therapists and 434 physical therapist assistants. She said that due to lack of detailed information at this time, she would encourage the Board to oppose the Sunrise Application of the AAHC.

In response to Representative Knaperek, Ms. Paakkonen remarked that there were exactly 3,268 licensed in the State but not all of them worked in Arizona. She told the Committee that approximately 2,800 physical therapists listed Arizona addresses. She stated that there were 434 physical therapy assistants and that approximately 396 reside in Arizona and that it was ABPT's estimate that 350 of them were currently working in the field of physical therapy.

In response to Representative Quelland, Ms. Paakkonen stated that the ABPT was required by statute to have three physical therapists and two public members, but no physical therapist assistants.

In response to Senator Leff, Ms. Paakkonen told the Committee that the ABPT does and has disciplined physical therapist assistants.

Bob Direnfeld, President of the Arizona Physical Therapy Association (AZPTA), remarked that his organization was the only one in the State representing physical therapists. He told the Committee that his association opposed the idea of general supervision. Mr. Direnfeld said that patients were getting discharged from the hospital too early in most cases compared to years ago, which cause a greater need for these home care physicians. He remarked that a therapist was ultimately responsible for anything the physical therapy assistant does which puts the physical therapist's license on the line.

In response to Representative Murphy, Mr. Direnfeld opined that passing legislation supporting general care could potentially decrease an even larger amount of physical therapists.

In response to Senator Cannell, Mr. Direnfeld stated that he was not sure that there was a shortage in home health care providers. He also remarked that setting a parameter or definition of a home care patient, would cut down on the patient load.

Representative Knaperek opined that physical therapist assistants should have more of a vote on the Board.

Peter Zawicki, in favor of the sunrise recommendation, told the Committee that physical therapists and physical therapist assistants were trained at community colleges and technical schools across the country. He opined that it was critical that there be communication between the physical therapist and the physical therapist assistant in all patient care.

In response to Senator Cannell, Mr. Zawicki stated that physical therapist assistants were under direct supervision during the education process.

In response to Representative Murphy, Mr. Zawicki remarked that to be able to perform in public health care, it would be helpful if a physical therapist assistant had a certain amount or certain type of training.

Senator Leff opined that home health patients are the most vulnerable patients and she felt uncomfortable "experimenting" with the care of those patients.

Kerry Halcomb, Physical Therapy on Wheels, representing AAHC, opined that he did not believe that a physical therapist could adequately supervise a physical therapist assistant.

Gayle Haas, physical therapist, representing AAHC, remarked that a physical therapist and a physical therapist assistant can work together for years and develop a relationship which allowed for better understanding and communication skills with one another.

Deborah Bornmann, physical therapist, stated that she did not feel represented by her own board. She opined that it was great for an outside organization to try to help physical therapists.

Representative Quelland moved that the Senate Health and House Health Committee of Reference recommend that the Legislature expand the scope of practice for licensed physical therapist assistants by allowing home health visits under the general supervision of licensed physical therapists. The motion was CARRIED by voice vote.

Senator Waring stated that although he was unhappy with what he had heard today, he hoped discussions were started to improve the situation.

Representative Knaperek remarked that she hoped they could work out their differences for the benefit of the State.

Senator Arzberger opined that changes do need to be made and issues need to be addressed.

Representative Murphy stated that hopefully, this would get people back into discussions.

There being no further business, the meeting was adjourned at 5:12 p.m.

Respectfully submitted,



Jeff Turner
Committee Secretary

(Tapes and attachments on file in the Secretary of the Senate's Office/Resource Center, Room 115.)

Senate Health and House of Representatives Health Committee
of Reference

ARIZONA STATE LEGISLATURE

FORTY-FIFTH LEGISLATURE - ROLL CALL VOTE

Recommendation: THAT THE BOARD OF HOMEOPATHY
MEDICAL EXAMINERS CONTINUE FOR TWO YEARS WITH
A REQUEST FOR AN AUDIT BY THE AUDITOR GENERAL.

MEMBER	AYE	NO	NOT VOTING	OTHER	
Rep. Bradley			✓		
Rep. Knaperek	✓				
Rep. Lopez	✓				
Rep. Quelland	✓				
Senator Allen	✓				
Senator Arzberger	✓				
Senator Cannell	✓				
Senator Leff	✓				
Senator Waring, CoChair	✓				
Rep. Murphy, CoChair	✓				
	9		1		

Committee Secretary JEFF TURNER Date 11-08-2005

Attachment 1