

JANET NAPOLITANO
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SPECIAL SESSION MEETING MINUTES
September 12, 2006

MEMBERS PRESENT: Helene Fearon, P.T., President
Joni Kalis, P.T., Vice President
Mark Cornwall, P.T., Ph.D., Secretary
Merlin Gossman, Member
Randy Robbins, Member

MEMBERS ABSENT:

OTHERS PRESENT: Heidi Herbst Paakkonen, Executive Director
Peggy Hiller, P.T., Program Compliance Specialist (Investigator)
Carol Lopez, Licensing Administrator
Cynthia Driskell, P.T., PTA Supervision Rule Writing Task Force
Jeanne Hann, Contract Rule Writer

CALL TO ORDER – 1:00 p.m.

The meeting was called to order by Ms. Fearon at 1:00 p.m..

1. Review and Possible Action on Disclosure on Licensure or Certification Renewal Application
Lorri Bentley, P.T.

Ms. Fearon introduced the agenda item and the Board reviewed the licensure renewal application submitted by Ms. Bentley on which she indicated that in December of 2005 she was charged with driving under the influence of alcohol. The Board noted that Ms. Bentley had supplied the documentation necessary to determine the nature of the charge, the guilty plea and her sentence. Ms. Bentley responded to the Board's questions that she had indeed completed all of the court ordered terms of her probation. She indicated to the Board that she was not aware that she needed to file her application early in light of the fact that she would have to make the disclosure of the DUI, and that she had received advice to the contrary from some colleagues. The Board discussed the fact that while Arizona law does require a licensed health care professional to report felony or misdemeanor charges to his or her regulatory board within 10 days of those charges being imposed, the requirement is not well known and there is some disagreement relative to whether a DUI must be reported. Ms. Bentley assured the Board that she has determined she does not need to do anything different in terms of her conduct following this event as it was an isolated event and she does not intend for this to happen again. Ms. Fearon moved to renew the license of Ms. Bentley. Mr. Gossman seconded the motion. The motion carried by a unanimous vote.

2. Review, Discussion and Possible Action on Recommendations of PTA Supervision Rules Task Force

Ms. Fearon introduced the agenda item and welcomed Ms. Jeanne Hann, the Board's contract rule writer, and Ms. Cynthia Driskell, P.T. and member of the Board's Rule Writing Task Force, to the meeting. Ms. Herbst Paakkonen advised the Board that Ms. Driskell was nominated by the Board to assist with presenting and explaining, and providing justifications with respect to the rule language recommendations from the Task Force. Ms. Herbst Paakkonen commented that the Task Force had met in person on July 21, 2006 and again by teleconference on August 29, 2006, and the Board was provided copies of the minutes of those meetings. Ms. Herbst Paakkonen called to the Board's attention the chart that has been used to record both the Board's previous discussions as well as those of the Task Force. Both the Board and the Task Force used the temporary session law requirements and restrictions as the framework for their respective discussions, and both groups also determined to not introduce any other concepts with respect to requirements and restrictions. Ms. Herbst Paakkonen explained that the Task Force is recommending elimination of any requirement or restriction that refers to miles and minutes and that attempts to define the distance that a physical therapist must be from the physical therapist assistant who is providing treatment interventions to a patient because of the arbitrariness of that requirement. As had the Board, the Task Force members also discussed the fact that miles do not easily translate into time given variables of traffic and geography, and time is too difficult to pin down. Defining response time in terms of political boundaries is also not realistic. The Task Force concluded that what is essential is for the physical therapist to be able to get to the patient the same day if necessary which satisfies the "readily available" intent of the law and is consistent with the fact that the statute requires the physical therapist to be available by telecommunications. The Board noted that the term "day" will retain its meaning as it is currently defined by Board rule. The Board discussed the fact that if a physical therapist and physical therapist assistant are crossing state borders, both will need to be licensed/certified in both jurisdictions and practice or work in accordance with the state laws in which they are located. The Board members concurred that this recommendation would be appropriate for the proposed rule.

Ms. Herbst Paakkonen then explained the Task Force members' challenges with respect to developing a rule language recommendation that addresses the responsibility for documentation of general supervision. The Task Force members did agree that the physical therapist assistant should not have sole responsibility for documenting his or her supervisor, and this is consistent with both the Board's perspective as well as the statutes which establish that the physical therapist is solely responsible for patient care management. Following a very lengthy discussion, the consensus of the Task Force was to recommend that the rule language require the physical therapist assistant to document the name of the supervising physical therapist when he or she is providing selected tasks or interventions, and that the physical therapist must also document physical therapist assistants supervised with all communications with the assistants under a general supervision arrangement. These notations must be included in the records for the patients to whom they pertain. The Board noted that the Task Force had a discussion relative to the fact that the law and the very nature of many physical therapy practice settings cannot require a physical therapist assistant to have only one supervising physical therapist. The challenge becomes establishing supervision when there may be discrepancies in the records. Ms. Herbst Paakkonen reminded the Board that requiring a co-signature by the supervising physical therapist in Board rule may be difficult when A.R.S. §32-2043(I) allows a physical therapist assistant to sign his or her own treatment notes. Ms. Hann noted that there may be a loophole in that subsection (I) of the statute merely establishes that a physical therapist assistant may document *care* which is different than requiring a co-signature for purposes of establishing the supervisory relationship. The Board revisited its discussions relative to concerns that traveling/temporary/registry physical therapists will create ambiguities as to who is the supervising physical therapist. The Board again questioned how the supervisor can be determined when there are discrepancies that are found in the physical therapist assistant's notes versus the physical therapist's record. Following discussion, the Board determined that

the concept of requiring a co-signature should be abandoned because it has its limitations and shortcomings – particularly because it is done after the fact and is prone to abuse.

Ms. Driskell advised the Board that the Task Force has considered the temporary requirement that a physical therapist assistant must have 2000 hours of working as a physical therapist assistant under on-site supervision prior to being allowed to work under general supervision. The Task Force considered how such a requirement could affect a physical therapist assistant who becomes certified in Arizona after having worked in another state where general supervision is allowed. This discussion led to the recommendation that the Board consider adopting two options for a physical therapist assistant to meet – 2000 hours of working as a physical therapist under on-site supervision or 6000 hours under general supervision. Ms. Driskell noted that an easier recommendation to make was the one that there should be no similar restriction for the physical therapist as U.S. accredited education programs prepare physical therapists to practice autonomously. The Board discussed some concerns that a physical therapist assistant who has never experienced on-site supervision may not possess the necessary acumen, and that acquiring 2000 hours of on-site supervision is not overly burdensome. Ms. Driskell then advised the Board that the Task Force concurred with the Board's position that the ratio of physical therapist to assistive personnel should "hold the line" at three. If the physical therapist is supervising assistive personnel on-site, the ratios will remain as currently stipulated in the Board's rule. If physical therapist assistants are supervised under a general supervision arrangement, the physical therapist may only supervise two (and no assistive personnel on-site). The Board members noted that new rule language could be drafted that provides better guidance with respect to what documentation requirements must be met in order to comply with A.R.S. §32-2043, Patient care management.

Ms. Herbst Paakkonen informed the Board that the Task Force members conducted another lengthy discussion on the topic of frequency of treatment visits that must be conducted by the physical therapist if some of the treatments are provided by physical therapist assistants under a general supervision arrangement. She commented that the members did contemplate whether to draw any distinctions between practice settings for purpose of establishing different requirements for the various settings. The Task Force considered establishing only one distinction – school districts – versus all other settings. Ultimately the Task Force determined that constructing a rule in this fashion would likely create some confusion, as well as open the door to possible political pressure. After considering discussion, the Task Force came to consensus on the concept that the physical therapist must reassess the patient every fourth treatment visit or 30 calendar days, whichever comes first. Ms. Driskell noted that after researching rule language in other states, the debate shifted from whether to require the physical therapist's intervention every 3-4 visits to 4-6 visits; similarly, the time frame moved back and forth between every 14 and every 30 days. The Board concurred that this requirement would be appropriate for the proposed rule.

The Board then discussed with Ms. Hann that certain terms will need to be defined, and indicated that they would rely on her expertise relative to identifying those terms, and then supply her with the necessary information to define them.

The Board acknowledged and complimented the hard work and contributions of the Task Force. Ms. Hann advised the Board that she would attempt to bring a draft to the Board's October 24, 2006 meeting.

CALL TO THE PUBLIC

None.

ADJOURNMENT

The meeting adjourned at 2:20 p.m.

Prepared by,

Heidi Herbst Paakkonen
Executive Director

Approved by,

Mark Cornwall, P.T., Ph.D.
Secretary