



Federation of State Boards of
Physical Therapy

Mission: public protection

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Physical Therapy Licensure Compact

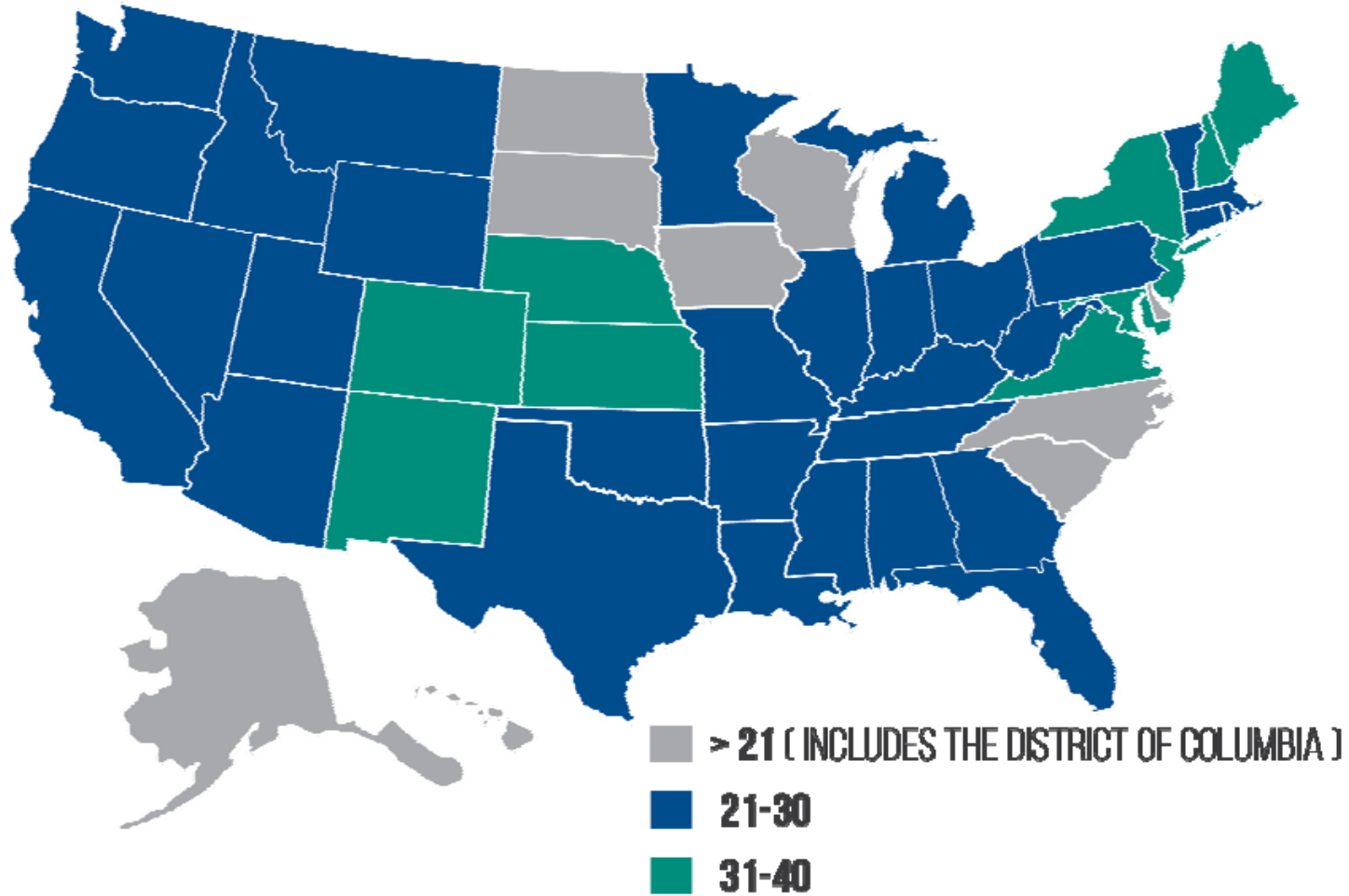
Improving the way we protect the
public

What is a Compact?

- Effective means of cooperatively addressing common problems
- Statute and contract between states
 - They take precedence over existing statute & regulations
- Responds to national priorities/pressures while retaining collective state sovereignty
- Every state participates in many compacts
 - Average of 25



STATE-BY-STATE INTERSTATE COMPACT MEMBERSHIP



Crady DeGolian, CSG

Interstate Compacts – Development

Advisory Phase – (4-6 Months)	Drafting Phase – (8-12 Months)	Education and Enactment (18 months – 2 legislative sessions)
<ul style="list-style-type: none">• Composed of state officials, stakeholders, & issue experts• Examine the issues and current policy spectrum• Examine best practices and alternative structures• Establish recommendations as to the content of an interstate compact• Examine the need for Congressional Consent	<ul style="list-style-type: none">• Composed of 5-8 state officials, stakeholders, issue experts (typically some overlap w/ Advisory)• Craft interstate compact solution based on Advisory Group recommendations• Circulate draft compact to specific states and relevant stakeholder groups for comment	<ul style="list-style-type: none">• Drafting team considers comments and incorporates into compact• Final product circulated to Advisory Group• Released to states for consideration



Crady DeGolian, CSG

Physical Therapy Licensure Compact? Why Now?

- Convergence of events and factors
 - Response to external push toward national licensure
 - Addresses the critical components of licensure portability
 - Opportunities for cooperation and support
 - Other health care organizations moving forward
 - Recognized opportunities
 - FSMB, NCSBN, NASEMSO, ASPPB

Physical Therapy Licensure Compact Advisory Task Force

- 10 PT Board Members
- 1 PTA Board Member
- 2 PT Board Public Members
- 1 PT State Legislator (Senator)
- 5 PT Board Administrators
- 2 APTA Staff
- 1 APTA Board Member
- 1 APTA Health Policy Section Representative
- 2 Council of State Governments (CSG) Consultants
- 3 FSBPT Staff
- 2 FSBPT Board members

Before We Go Any Farther....

- None of the recommendations are binding
- Things may change ...
- This is a starting point

Some Terminology and Clarifications

- Privilege to practice (PtP) – this is different than licensure
- Practice of physical therapy – occurs where the patient is located
- Home State – state of residence
- Remote state – compact state of practice if not the home state
- Compact State – any state that is part of the compact
- Compact Administration – an entity that administers the compact and is responsible for the day-to-day operations.

Physical Therapy Licensure Compact Model

- The licensee participant must:
 - hold one valid, current, unrestricted license in home state (state of residence)
 - notify any remote states in which s/he will be practicing
- The notification by the licensee participant and the payment of the fee gives the Privilege to Practice (PtP) in the remote state
 - Fee will be the prerogative of the remote state

PT Licensure Compact (cont.)

- Remote states may impose jurisprudence requirement
 - Prior to practice or within a time frame
- The Model will apply to both PTs and PTAs
- Implementation – If licensed without restriction at time of implementation, the individual is eligible for compact

PT Licensure Compact (cont.)

- All licensees must meet the FSBPT 2016 NPTE eligibility requirements (going forward)
- All participating jurisdictions must *fully* participate in the FSBPT ELDD
- Jurisdictions must
 - require criminal background checks
 - require continuing competence as a component of license renewal
 - pay fees to the compact administration (could be from the licensee)

PT Licensure Compact (cont.)

- Eligible licensees who use their PtP must:
 - Be knowledgeable and comply with practice requirements (including scope and supervision) in state of practice (where the patient is)
 - Submit application, pay fees and comply with notification requirements
- A mechanism must be available for consumers to verify the license and privilege to practice of a physical therapist or physical therapist assistant.

PT Licensure Compact (cont.)

- Initial investigation and due process occurs
 - In the State in which the violation occurred
 - Must be reported back to home state and compact data base
- Home state (state of license) has the sole ability to take action on the license
- Remote compact state has the ability to restrict Privilege to Practice within their state
 - Restriction of privilege to practice in one remote state restricts privilege to practice in all remote states

Other Provisions

- Ten jurisdictions are the minimum participants to start the Compact (may change)



US Health Care Systems Modules

A collaboration between
FSBPT, FCCPT, APTA, &
Health Policy & Administration Section

A Collaborative Project

- Federation of State Boards of Physical Therapy
- Foreign Credentialing Commission on Physical Therapy
- American Physical Therapy Association
- Health Policy and Administration Section – Catalyst

Patterned after the
Canadian Alliance
Course :

But

Specific to US needs
and for Deficiencies
on the CWT



10 modules

- 1) Cultural Competency
- 2) Client Centered Care Models
- 3) Determinant of Health Promotion, Wellness & Prevention
- 4) Federal & State Government Roles in Healthcare
- 5) Administrative Models of Care
- 6) Use & Supervision of Support Staff
- 7) Direct Access
- 8) Ethics & the Profession of PT
- 9) Transition to the workplace: The Roles of the PT
- 10) Evaluation, Reflection & Feedback

US PT programs will be invited to submit proposals to offer, online and for credit.





Regulatory Issues Surrounding Telehealth

Telehealth Regulatory Guidelines

- Researching and reviewing telehealth guidelines & current legislative/regulatory models
- Outcome: produce a resource paper for jurisdictions
 - Considerations, guidelines, and recommendations for telehealth regulation
- Stakeholder review of the guidelines
 - Professional Associations
 - Member Boards
 - American Telehealth Association
 - Other interested parties??

Telehealth Regulatory Guidelines

- Licensure Considerations
- PT/Patient Relationship
- Appropriate Use of Technology
- Supervision
- Safety and Security

Minimum Data Set (MDS): What is it?

- A consistent set of data elements to be collected on all licensees at regular intervals in order to understand workforce needs related to access to healthcare



Why?

- Identification of workforce needs
 - Is there a shortage of therapists or a mal-distribution?
 - Are there access gaps?
 - What about the future?
- Workforce planning
 - Educational planning
 - Class size
 - Number of educational programs
 - Rural employment incentives
 - International health care workers and immigration
 - Federal Legislation
 - Telehealth
 - New healthcare models improving access and quality

A Tri-alliance

- Federation of State Boards of Physical Therapy
- American Physical Therapy Association
- Federal Government: Health Resources Services Administration



Where we are....

- Changes in HRSA
- Still a priority for FSBPT and APTA and many State Health Agencies
- The Tortoise and the Hare





ProCert: continuing competence
activity certification program

ProCert

- Our continuing competence activity certification program is almost 2 years old!
- In that time:
 - 1000+ certified activities from 68 vendors
 - 350+ activities in the certification process
 - 50+ trained reviewers
- 20 jurisdictions currently accept
- 10 additional states planning to accept



NPTE

What does “eligibility” mean?

- Requirements to sit for the NPTE (vs requirements for licensure)
- FSBPT requirements (vs jurisdiction requirements)
- Jurisdictions may require additional criteria

Eligibility

- Four rules
 - Establish a lifetime limit of 6 attempts
 - Establish a lifetime limit of 2 very low scores
 - Make the current English proficiency recommendations a requirement
 - Require the most current Coursework Tool for FEPT credentialing
- Gathering feedback from jurisdictions

Testing Dates

- When & Why
 - Multiple security incidents focused on collecting and sharing NPTE content
 - Changing delivery method deemed the most effective at combatting the issue
 - PT transitioned September 2011
 - PTA transitioned April 2012

Testing Dates

- What's the future?
 - Ample notice on test dates
 - 18 months
 - Consistency on dates
 - More test dates?
 - Continue to reduce item reuse
 - Long-term goal

2015/2016 Testing Dates

PT

- Jan 28, 2015
- April 29, 2015
- July 21 & 22, 2015
- Oct 28, 2015

- Jan 27, 2016
- April 27, 2016
- July 19 & 20, 2016
- Oct 27, 2016

PTA

- Jan 14, 2015
- April 8, 2015
- July 8, 2015
- Oct 7, 2015

- Jan 13, 2016
- Apr 6, 2016
- Jul 6, 2016
- Oct 6, 2016