Federation of State Boards of Physical Therapy

Mission: public protection

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Director of Professional Standards
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

Crady DeGolian, CSG
STATE-BY-STATE INTERSTATE COMPACT MEMBERSHIP

- > 21 (Includes the District of Columbia)
- 21-30
- 31-40

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**Interstate Compacts – Development**

<table>
<thead>
<tr>
<th>Advisory Phase – (4-6 Months)</th>
<th>Drafting Phase – (8-12 Months)</th>
<th>Education and Enactment (18 months – 2 legislative sessions)</th>
</tr>
</thead>
</table>
| • 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 | • 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 | • Drafting team considers comments and incorporates into compact  
• Final product circulated to Advisory Group  
• Released to states for consideration |

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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

<table>
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<tr>
<th>PT</th>
<th>PTA</th>
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<tr>
<td>Jan 28, 2015</td>
<td>Jan 14, 2015</td>
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<tr>
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<td>April 8, 2015</td>
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<tr>
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<tr>
<td>Jan 27, 2016</td>
<td>Jan 13, 2016</td>
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<td>Apr 6, 2016</td>
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<td>July 19 &amp; 20, 2016</td>
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