

# FRAMEWORK FOR DESCRIBING AND EVALUATING SCOPE OF PRACTICE PROPOSALS FOR POLICYMAKERS

**PROPOSAL: HF 3056 – A bill to allow physical therapists to certify individuals for disability parking privileges**

**Proposal sponsor: Minnesota Physical Therapy Association (MNPTA)**

## Part 1 – Proposal Overview

### 1) *State the profession/occupation:*

Physical Therapy. Physical therapists have been regulated since 1952. Currently physical therapists are licensed in MN under the MN Board of Physical Therapy.

### 2) *For existing professions, briefly describe the proposed statutory change in scope of practice and/or other license requirements. For currently unregulated professions, briefly describe the proposed scope of practice and/or other license requirements.*

The proposal does not change the scope of practice of the physical therapist nor change other license requirements. Instead the proposal amends statute 169.345, a law that relates to disability parking privileges. The bill would add physical therapists to the list of health professionals who can certify that an individual meets the definition of a “physically disabled person” for the purposes of parking privileges.

Currently the health professionals who have this authority are physicians, physician assistants, advanced practice nurses, and chiropractors.

## Part 2 – Proposal Details

### A. Public Safety

#### 1) *Describe, using evidence, how the proposed scope and regulation ensures public safety.*

The proposal does not change the scope of practice of the physical therapist nor change other license requirements. The intent of the bill is to provide expanded access to a service that patients are asking for.

Public safety is not adversely impacted by the proposal as the skills required to certify an individual for disability parking privileges are within the scope of practice of the physical therapist.

Physical therapists are trained in and licensed to determine mobility status and falls risk. These are the very same determinations involved in certifying for parking privilege:

- If an individual cannot walk without a walker or crutches or other assistive devices
- How far a person can walk without stopping to rest
- If someone is at risk for falling

MNPTA's proposal would allow physical therapists to practice at the top of their licenses and provide expanded access to a service that individuals deserve.

*Is there any research evidence the proposed change might endanger the public? Please cite.*

MNPTA is not aware of any such credible research evidence.

2) *Describe proposed disciplinary measures to safeguard against unethical/unfit professionals. How can consumers access this information?*

The current MN Physical Therapy Practice Act (148.65 - 148.78) provides for disciplinary action by the MN Board of Physical Therapy. In 2000 and 2005 strong language was added that set high standards of professional and ethical conduct and gave the licensing Board authority that includes assessment of fines, corrective actions, stipulations and conditions on licenses and revocation of licenses. Grounds for disciplinary action are in statute and the MN Board of Physical therapy has adopted rules (5601.0100 – 5601.3200) prescribing a code of ethics that mirror the high standards of ethical conduct developed by the American Physical Therapy Association. This proposal does not either expand or restrict the safeguards that are already in place.

Consumers can access information about licensees, the PT Practice Act, the history of Board actions and how to register a complaint at <https://mn.gov/boards/physical-therapy/>.

## B. Regulation

1) *If the services or individuals are currently unregulated, what is the proposed form of credentialing/regulation (licensure, certification, registration, etc)? State the*

*rationale for the proposed form/level of regulation. If there is a lesser degree of regulation available state why it was not selected.*

N/A: Physical therapists are currently licensed and regulated by the MN Board of Physical Therapy.

- 2) *Describe if a regulatory entity/board currently exists or will be proposed. Does/will it have statutory authority to develop rules related to a changed/expanded scope or emerging profession, including authority to discipline practitioners, determine standards for training programs, assessment of practitioners/competence levels? If not, why not?*

The MN Board of Physical Therapy currently exists and has the statutory authority to develop rules and discipline practitioners. Physical therapy is not an emerging profession and this proposal does not seek to change or expand the scope of practice of the physical therapist.

- 3) *Do other states apply regulatory oversight? If so, describe briefly.*

Physical therapists are licensed in all 50 states as well as in the US Virgin Islands and the District of Columbia.

- 4) *Is there consensus model legislation available at the national level? If so, which states have adopted it?*

There is no model legislation for disability parking at the national level.

- 5) *Does the proposed scope conflict with the current scope of practice for other professions/practitioners? If so describe the areas of conflict.*

H.F. 3056 is not a scope of practice proposal. It amends a parking privilege law, 169.345. The authority being sought by physical therapists does overlap with the authority of those health professionals who are already recognized in the law. MNPTA does not view the proposal as in conflict with anyone. We are seeking to increase access to a service for patients.

#### Education and Professional Supervision

- 1) *Describe the training, education, or experience that will be required for this professional.*

This proposal does not include additional training or education for physical therapists as they are trained explicitly to make the kinds of determinations required by the law. Measuring mobility and functional limitations is done every day in clinical practice.

All Physical therapists are currently being trained at the Doctoral level in a primary care model. This training includes a minimum 40 weeks of full time hands-on clinical experience prior to licensure.

- 2) *Describe any needed course of study and resulting credential. Is the education program available, or what is the plan to make it available? Is accreditation or other approval available proposed for the education program?*

There is no additional training required in this proposal beyond the statutory requirements for licensure.

- 3) *What provisions exist or are being proposed to ensure that practitioners maintain competency in the provision of services?*

The MN Practice Act requires 20 contact hours in a defined set of activities in a 2 year cycle. Rules (5601.0100 – 5601.3200) have been recently promulgated to further define those activities.

- 4) *Describe the recommended level/type of supervision for this practitioner – independent, collaborative practice (needing formal agreements), supervised practice? If this practitioner will be supervised, state by whom, the level, extent, nature, terms of supervision.*

Physical therapists practice as independent practitioners and often in collaborative practice settings.

### C. Reimbursement and Fiscal impact

- 1) *Describe how and by whom will the new or expanded services be compensated? What costs and what savings would accrue and to whom (Patients, insurers, payers)?*

This proposal does not include new/expanded clinical services. Measuring mobility and falls risk is already being done and is already a covered service. The only fiscal impact would be for the patient who cannot access the certification through their

physical therapist. The patient would then have to incur the unnecessary cost of an office visit with another provider and the delay of the certification.

- 2) *Describe whether third party reimbursement is available for these services in other states?*

Third party reimbursement is not available for filling out the certifying document.

- 3) *What are the projected regulatory costs to state government, and how does the proposal include revenue to offset those costs?*

MNPTA anticipates no further regulatory costs.

- 4) *Fiscal impact of the proposed bill:*

None.

#### D. Reporting

- 1) *Describe the proposed frequency and content of progress reports to the legislature including timeframes (2 years – 5 years – or 10 years)*

This proposal does not include further reports.

#### E. Workforce Impacts

- 1) *Describe what is known about the projected supply/how many individuals are expected to practice under the proposed scope? If possible, also note geographic availability (by county/economic development areas) of proposed providers/services. Cite any sources used.*

This is not a scope of practice proposal.

- 2) *Describe, with evidence where possible, how the new/modified scope of practice will contribute to balancing the supply of the proposed services with the current/projected demand for these services.*

This proposal is not anticipated to influence either the supply or the demand for the services of a physical therapist.

- 3) *Describe whether any other occupations perform the activities proposed? If so, describe how the proposed services are similar or complementary to those now performed by other occupations.*

For the purposes of disability parking privileges, the health professionals who are recognized under current law are physicians, physician assistants, advanced practice nurses, and chiropractors. The proposal offers another point of access to the same service.

- 4) *Has there been an evidence based risk-benefit analysis of the proposed scope of practice change? If so, please describe.*

This proposal does not seek to change the physical therapist's scope of practice.

#### F. Access, Cost, Quality, Care Transformation Implications

1. *Describe the unmet health care needs of the population that can be served under this proposal and how the proposal will contribute to meeting these needs. Describe how the proposed change will affect the availability, accessibility, cost, delivery, and quality of health care.*

The population of individuals that can be served under this proposal includes anyone who has a disability and who is seeking disability parking privileges. Physical therapists report that patients in their clinics often ask about parking permits, but are sent off for an unnecessary visit to someone else when it could have been taken care of without additional cost or delay.

- 2) *Please describe whether the proposed scope includes provisions to encourage or require practitioners to serve underserved populations.*

This proposal is not a scope proposal and does not address underserved patient populations.

- 3) *Describe how this proposal is intended to contribute to:*

- i) *Interprofessional education and collaborative practice.*

N/A: This proposal is not intended to impact either interprofessional education or collaborative practice.

- ii) *The Triple Aim of improving the patient experience of care, improving the health of populations; and reducing the per capita cost of health care; and promotes health equity.*

Allowing physical therapists to practice at the top of their licenses in this way improves the patient experience and eliminates the extra cost involved in an unnecessary additional clinic visit just to be certified.

- iii) *Ensuring cultural agility and competence in the professionals*

N/A: This proposal is not intended to ensure cultural agility and competence.

- iv) *Incorporating new technologies such as telehealth and EHR use in its practice*

This proposal is not intended to include new technologies, however physical therapists do practice by means of telehealth and also use Electronic Health Records in most practice settings.

## G. Proposal Supporters/Opponents

- 1) *What organizations and groups have been involved in developing the proposal?*

Minnesota Physical Therapy Association (MNPTA)  
Minnesota Council on Disability  
MN Department of Public Safety  
MN Board of Physical Therapy

- 2) *Note any associations, organizations, or other groups representing the occupation seeking regulation and the approximate number of members in each in Minnesota.*

The Minnesota Physical Therapy Association represents over 2200 physical therapists, physical therapist assistants, and students. All MNPTA members are also members of the American Physical Therapy Association. Both organizations are the only organizations that represent individual physical therapy professionals in Minnesota.

- 3) *Please describe the position professional associations of the impacted professions (including opponents) have taken regarding the proposal.*

MNPTA is not aware of any professional associations who have signaled a formal position in opposition to this proposal.

- 4) *State what actions have been undertaken to minimize or resolve any conflict or disagreement with those opposing the proposal.*

N/A