

## PRESIDENT'S MESSAGE

April, 2009

Sometimes, as President, there are duties that are not as pleasurable as others. This past month and the early part of April, it has been legislative time in Arkansas (one of my least favorite activities). This happens every two years and is always eventful for the profession of Physical Therapy. In the past month, the legislative committee and I have had to address numerous issues with impact on our profession. The biggest issue was the legislative action on a modernization of the PT Practice Act. I will summarize these in the next paragraphs.

The first issues to arise were the changes in the Massage Therapy Practice Act. We were pleased to know that the massage therapists wanted to meet with the physical therapists concerning the wording of their act and I had the pleasure to meet with and address all of our issues with one of the members of their Board. The changes were made on the rewording of their act, but this bill (SB89) died in Senate Committee. Two other massage therapy bills were introduced. One was HB 1162 to disband the Massage Therapy Board and place it under the Department of Health and the other was another language change bill (HB 1951) to rewrite the Act. Both are still pending in committee on the House side. We are not as involved in either bill and they may not make it out of committee prior to the end of session. Our needs have been addressed and both bills would be fine with the ArPTA.

Another bill has passed through both the House and Senate allowing physicians to delegate minor procedures to support personnel and we are assured that legally this will not affect the provision of PT services. Finally, a bill slipped through one of the House committees that would mandate insurance coverage and reimbursement for the provision of custom orthotics and prosthetics but PTs were not included on the list of approved providers (HB 2244). We are holding this bill from Senate passage until we can be added as a provider.

The other bill presented was SB 844, the modernization of the PT Practice Act in Arkansas. As with all bills of this nature, there was much debate and negotiation to get all interested parties to accept the bill and this has finally been done. The bill passed the Senate Committee unanimously and without opposition. It is today going to the full Senate and later to the House and we hope to get this approved within the next two weeks before the end of session. This modernization improves our terms of protection, licensure requirements, continuing education, credentials of course instructors, and many other items. We are enthused to finally get the backing of the chiropractors and all the other physician groups here in Arkansas and we continue to see no opposition. We need to thank the legislative committee of the ArPTA and the Board members of the Arkansas State Board of PT Practice for this success so far.

Now that we have mentioned the PT Practice Act, I think this would be a good time to reinforce how wonderful our practice act is here in Arkansas. I have personally been licensed in three other States and I must admit I am impressed with the provisions

we have in our practice act language. There are **five measuring posts** that the APTA uses to grade practice acts and I will review these:

- **First**, the act should allow for nearly unlimited direct access to patient care. Our practice act allows as much as most states with the only limitations for debridement of open wounds and the institution of pulmonary care needing a physician script.
- The **second** suggestion is that the practice act allows manual therapy without restriction. Our practice act allows us to treat any patient in any way we need to manually, including Grade V thrust techniques (though we can not call this manipulation). There are no further restrictions to our practice of manual interventions since the revisions to language in the Arkansas regulations two years ago.
- **Third**, the practice act should limit referral for profit activities. Though our practice act does not limit these activities, there may be recourse through some of Arkansas' tough corporate laws that may be explored in the next two to three years.
- **Fourth**, the practice of PT should be governed by an independent Board of PT Practice and we have this in Arkansas.
- **Finally**, the practice act should be similar in language and modernized to be close to the Model Practice Act of the FSBPT. With the changes going through the legislature this year, our practice act should be as close as any to the Model Act language.

So, in review, we are one of the only practice acts in the Mid-South to have liberal direct access language (Texas, Tennessee, Missouri, Oklahoma, and Mississippi are very restricted in language), we have our own practice Board, we have liberal language on application of manual therapy, and we have modernized our act. Remember this the next time you hear someone complain about our practice environment in Arkansas.

***Remember the Spring Meeting at the Comfort Inn and Suites in Little Rock on April 17-18. Sign up, join us, and have some fun reconnecting with colleagues and learning more about Diagnostic Imaging. I hope to see you there.***

Respectfully submitted,

*Steven W. Forbush, PT*

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