
Call to Order – Allen R. Jones, Jr., PT, DPT, Board President

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

Approval of Minutes

- Board Meeting – May 1, 2018
- Telephonic Conference Call March 2, 2018
- For informational purposes – Informal Conferences June 19, 2018

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report

Staff Reports

- Executive Director's Report – **Corie E. Tillman Wolf, Executive Director**, pages 20-38
- Discipline Report – **Lynne Helmick, Deputy Executive Director**

Board Counsel Report – Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board of Health Professions Report – **Allen R. Jones, Jr., PT, DPT**, pages 39-44
- Reports from FSBPT Regulatory Training, Leadership Issues Forum – **Elizabeth Locke, PT, PhD; Mira Mariano, PT, PhD, OCS; and Allen R. Jones, Jr., PT, DPT**

Legislation and Regulatory Actions – Elaine Yeatts, Sr. Policy Analyst, pages 45-46

- Guidance Document 112-9: Guidance on Dry Needling in the Practice of Physical Therapy - Repeal

New Business

-
-
- Election of Officers
-
-

Recognition of Service

Next Meeting – November 13, 2018

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Approval of Minutes

**UNAPPROVED
BOARD OF PHYSICAL THERAPY MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a Board meeting on Tuesday, May 1, 2018, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, President
Arkena Dailey, PT, DPT, Vice President
Sarah Schmidt, PTA
Tracey Adler, PT, DPT
Elizabeth Locke, PT, PhD
Mira Mariano, PT, PhD
Susan Palmer, MLS, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, JD, Executive Director
Lynne Helmick, Deputy Executive Director
Laura Mueller, Program Manager
David Brown, DC, Agency Director
Barbara Allison Bryan, Chief Deputy Director
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL PRESENT:

Erin Barrett, Assistant Attorney General

QUORUM:

With 7 members present, a quorum was established.

GUESTS PRESENT

Richard Grossman, VPTA
Janet Borges, L.Ac.
Matthew Stanley

CALL TO ORDER

Dr. Allen R. Jones, Jr., called the meeting to order at 9:30 a.m. and asked the Board members and staff to introduce themselves.

Dr. Jones provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, and breaks.

Ms. Tillman Wolf read the Emergency Egress Procedures.

ACCEPTANCE OF MINUTES:

Dr. Locke brought attention to a typographical error on the minutes of the Board meeting from February 13, 2018. She stated that the beginning of the first sentence under Open Meeting (last page of minutes) should read, “Dr. Locke moved.”

Ms. Tillman Wolf noted a minor formatting change to the minutes for the Legislative/Regulatory Committee meeting.

Upon a motion by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to accept the following meeting minutes as revised and as presented:

- Board Meeting – February 13, 2018
- Formal Hearing – February 13, 2018
- Legislative/Regulatory Committee – April 10, 2018

ORDERING OF AGENDA:

There were no changes to the proposed ordering of the agenda.

AGENCY DIRECTOR’S REPORT – David Brown, DC

Dr. Brown reported on the personnel changes within the Secretariat of Health and Human Resources. He stated that Daniel Carey, MD, was appointed Secretary. His two deputies are Gena Boyle Berger and Marvin Figueroa. Dr. Hughes Melton left the Virginia Department of Health to become the Commissioner of the Virginia Department of Behavioral Health and Developmental Services. Barbara Allison Bryan, MD, was appointed Chief Deputy Director at DHP.

Dr. Brown described the move of DHP’s Reception and IT departments to the first floor of the building.

Dr. Brown explained that the Board of Pharmacy has been overseeing the development of licensure for the pharmacological processors of cannabinoid oils. The General Assembly passed bills this session that expand the use of these oils from the treatment of intractable epilepsy to any patient with a physician’s written certification.

Regarding the opioid crisis, Dr. Brown reported that the state is seeing a decline in opioid prescriptions. He stated that one contributor to the decline may be the Board of Medicine’s regulation change that encourages doctors to attempt non-pharmacological methods to relieve pain. Dr. Brown further stated that he anticipates that the results of the DHP-convened workgroups that made recommendations on core competencies for opioid education in schools for the health professions will be announced at some point in the future.

Dr. Allison Bryan introduced herself. She presented her background as a pediatrician and a member of the Board of Medicine and Board of Health Professions.

In follow-up comments regarding the opioid crisis, Dr. Adler expressed concerns regarding the patients who are cut off from opioid prescriptions and the physicians who are not assisting these patients with detox or tapering off medications. Dr. Brown stated that this presents an opportunity for education and communication by physical therapists with physicians regarding how to deal with “orphaned” patients. Dr. Jones echoed the role of physical therapists at the forefront of educating patients.

With no further questions or comments, Dr. Brown concluded his report.

PUBLIC COMMENT:

There was no public comment.

LIABILITY COVERAGE FOR BOARD MEMBERS – Don LeMond, Director of the Division of Risk Management, Department of the Treasury

Mr. LeMond reported that his office manages several insurance programs for the Commonwealth, which includes insuring all the property of the government, legal defense and payments for claims and judgments, providing medical malpractice insurance to free clinics and state hospitals, and insurance for Constitutional officers and the railroad commission. He stated that board members of Virginia’s agencies also are covered by the Division of Risk Management.

Mr. LeMond stated that if an employee or board member is sued because of their work for the Commonwealth, the employee/board member should contact Risk Management, which will work the Attorney General’s office. There is \$2 million per occurrence coverage for board members.

Board Counsel, Erin Barrett, reminded Board Members that if they are sued in their official or individual capacity for their work as board members, they should contact Board staff who will then bring this to her attention. The Attorney General’s office would notify Risk Management. Board members are covered after they leave the Board as well.

STAFF REPORTS:

Executive Director’s Report – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf began her report with the Expenditure and Revenue Summary.

Cash Balance as of June 30, 2017	\$ 1,457,317
YTD FY18 Revenue	\$ 138,040
Less YTD Direct & In-Direct Expenditures	\$ 429,682
Cash Balance as of March 31, 2018	\$ 1,165,674

Ms. Tillman Wolf provided the following updates from FSBPT:

- The Regulatory Training for Board Members will be held June 8-11, 2018, in Alexandria, VA. The Annual Meeting will be held on October 25-27, 2018 in Reston, VA. The applications for Excellence in Regulation Awards are due June 1, 2018.
- There will be changes to the FSBPT exam eligibility requirements for the October 2018 examination. In order to be permitted to sit for the exam, graduates of non-CAPTE approved programs, where the courses were not taught in English or the applicant’s native language is not English, will be required to show proof of TOEFL completion and proof of educational equivalence. This is an eligibility requirement of FSBPT independent of the Board’s requirements.
- Iowa and Nebraska were the 16th and 17th states to adopt the PT Compact.
- A total of 1,108 Virginia licensees are currently registered for aPTitude. That is up from 988 in September 2017. This is equal to roughly 10% of the licensees.

Ms. Tillman Wolf reviewed the 2018 strategic plan for the Board. She reported that the Sanctioning Reference Points were finalized and implemented, the review and update of Guidance Documents will be completed today, and the dissemination of information to licensees and applicants through newsletters, email blasts, updates to website and presentation is ongoing.

Ms. Tillman Wolf provided the following information on Licensing:

CURRENT LICENSURE STATISTICS

License	April 27, 2018	Q2 FY 2018	Change +/-
Physical Therapist	8,342	8,144	198
Physical Therapist Assistant	3,460	3,407	53
Total PT’s and PTA’s	11,802	11,551	251
Direct Access Certification	1,196	1,184	12

Ms. Tillman Wolf reported the following:

- The PTA examination on April 4, 2018 resulted in a 84.7% pass/15.2% fail rate.
- The customer satisfaction survey results continue to be strong:
 - Q3 17 – 100%
 - Q4 17 – 98.9%
 - Q1 18 – 97.3%
 - Q2 18 – 100%
 - Q3 18 – 86.8%
- FSBPT surveys exam candidates regarding their satisfaction with processing of their applications: “How satisfied were you with the processing of your application by state in which you applied for licensure?” A survey was completed by 3,492 examination candidates between January and March, 2018. 96.1% of Virginia applicants were satisfied with the Virginia application process. The average satisfaction rate for all states was 86.7%.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Lynne Helmick, Deputy Executive Director

Ms. Helmick reported on the current number of open cases, discipline statistics, and Key Performance Measures. Ms. Helmick clarified the FY2018 Q1 statistics, as the statistics presented at February's meeting were discovered to be incorrect.

- 50 Total Cases
 - 1 in APD
 - 1 in Formal
 - 14 in Investigation
 - 34 in Probable Cause
 - 6 Compliance cases
- Virginia Performs Q1 FY2018
 - Clearance Rate – at 267% The Board received 3 patient care cases and closed 8 cases.
 - Pending Caseload over 250 days at 25% is over the 20% goal. That represents 5 cases.
 - Cases closed within 250 days was at 88%. The goal is 90%.
- Virginia Performs Q2 FY2018
 - Clearance Rate – at 25% The Board received 8 patient care cases and closed 2 cases.
 - Pending Caseload over 250 days at 35% is over the 20% goal. That represents 9 cases.
 - Cases closed within 250 days was at 100%. The goal is 90%.

Ms. Helmick reported that the all cases closed in Q3-2018 were closed within one year and the average number of days to close a case was 152.5, which was below the agency average.

With no further questions, Ms. Helmick concluded her report.

Break

Dr. Jones called for a break at 10:33 a.m. The Board meeting reconvened at 10:39 a.m.

BOARD AND COMMITTEE REPORTS:

Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones reported the Board of Health Professions (BHP) had a presentation on the Health Practitioners Monitoring Program (HPMP) at their last meeting on February 27, 2018. Dr. Jones referred the Board to the draft BHP meeting minutes contained in the agenda for further information on the meeting.

Upon a motion by Dr. Dailey duly seconded by Ms. Schmidt, the Board accepted Dr. Jones' report.

Legislative/Regulatory Committee - Sarah Schmidt, PTA, MPH, Committee Chair

Ms. Schmidt reported the Committee discussed three questions from licensees. The answer to a question regarding school-based PT and services to students with 504 plans was incorporated into Guidance Document (GD) 112-7. The answer to a question regarding supervision of PT and PTA students in clinical settings was incorporated into GD 112-20. The answer to a question regarding performance of certain tasks or treatments in a home health setting was incorporated into GD 112-12. The Committee did not address PRP injections as invasive procedures are covered under current statutes and regulations and the Committee wanted to avoid going down the road of analyzing every procedure.

Ms. Schmidt reported that the Committee recommends revisions to the Direct Access Patient Attestation and Medical Release form. Upon a motion by Ms. Schmidt, duly seconded by Dr. Adler, the Board adopted the revised form. The vote was unanimous.

Ms. Schmidt presented the Committee's recommendation to repeal the following Guidance Documents:

- 112-3 Board Guidance for Conduct of an Informal Conference by an Agency Subordinate
- 112-5 Board Guidance on Acceptance of TOEFL iBT as equivalent to TOEFL and TSE examinations
- 112-6 Board Guidance on Licensure of Kinesiotherapists as Physical Therapists
- 112-8 Board Guidance on Review of Non-Routine Applications from Non-Approved Schools

Ms. Schmidt presented the Committee's recommendation to readopt the following Guidance Documents:

- 112-4 Board Guidance on Requirement for Licensure for Instructors in a Physical Therapy Program
- 112-14 Electromyography (EMG) and Sharp Debridement in Practice of Physical Therapy. Ms. Yeatts proposed a revision to the language related to the listing of health practitioners who may make referrals to reflect the actual statutory language.
- 112-15 Supervision of Unlicensed Support Personnel in any Setting
- 112-16 Guidance on the Use of Your Professional Degree in Conjunction with Your Licensure Designation
- 112-20 Guidance on Supervision Students in Non-Approved Programs

Ms. Schmidt presented the Committee's recommendation to revise the following Guidance Documents:

- 112-7 Board Guidance on Physical Therapists and Individualized Educational Plans in Public Schools
- 112-10 Board Guidance on credit for Continuing Education
- 112-11 Board Guidance on Functional Capacity Evaluations
- 112-12 Physical Therapy services in Home Health

- 112-18 Disposition of Disciplinary Cases for Practicing on Expired Licenses
- 112-19 Physical Therapists Performance of the Prothrombin Time and International Normalize Ration (INR) tests in Home Health Settings

Ms. Schmidt presented the Committee's recommendation that the Board adopt a new Guidance Document 112-24, Board Guidance for Supervision of Physical Therapy Students in Clinical Settings.

Upon a motion by Dr. Locke, duly seconded by Dr. Adler, the Board voted to repeal Guidance Documents 112-3, 112-5, 112-6, and 112-8 as presented.

Upon a motion by Ms. Schmidt, duly seconded by Ms. Palmer, the Board voted to readopt Guidance Documents 112-4, 112-15, 112-16, and 112-20 as presented.

Upon a motion from Dr. Dailey, duly seconded by Ms. Schmidt, the Board voted to revise Guidance Document 112-14 with the revisions presented by Ms. Yeatts.

Upon a motion from Ms. Schmidt, duly seconded by Dr. Dailey, the Board voted to revise Guidance Documents 112-7, 112-10, 112-11, 112-12, 112-18, and 112-19 as presented.

Upon a motion by Dr. Locke, duly seconded by Ms. Schmidt, the Board adopted new Guidance Document 112-24 as presented.

The votes were unanimous.

LEGISLATION AND REGULATORY ACTIONS – Elaine Yeatts, DHP Senior Policy Analyst

Ms. Yeatts presented a report on the 2018 General Assembly session. She stated that HB 793 passed that would allow many nurse practitioners to practice autonomously without a practice agreement if they meet certain requirements. This legislation takes effect July 1, 2018, but the Boards of Nursing and Medicine must enact emergency regulations before it is implemented.

Ms. Yeatts reported that the Board's pending regulatory actions on dry needling and continuing education for attendance of Board meetings are at the Secretary's Office.

BOARD ACTION AND DISCUSSION

Consideration of the Physical Therapy Licensure Compact and Legislation for 2019

Administrative and Budget Considerations – Corie E. Tillman Wolf

Ms. Tillman Wolf gave a presentation on PT Licensure Compact status and impact to the Board should Virginia choose to become a member of the Compact. Currently, there are 17 states that have enacted Compact legislation.

Ms. Tillman Wolf presented information on licensee statistics and estimates of the potential impact on the Board if Virginia becomes a member of the Compact.

- 20.3% of total licensees holding a VA PT/PTA license reside (or have address of record) outside of VA (2,369/11,664)
 - Of these, 41.4% of licensees holding a VA license live in the 6 neighboring states (982/2,369)
 - Of licensees in neighboring states, 41.1% reside in 3 current compact states (NC, TN, KY) (404/982)
- Using current renewal fees, Ms. Tillman Wolf provided an estimate of potential loss of active renewal fees and inactive renewal fees for licensees that reside in the six neighboring states, three of which are Compact states. Ms. Tillman Wolf reiterated that the larger estimates were “guesstimates,” as there are assumptions made about what actions licensees may take.
- If the Board charged a fee for each Compact Privilege (CP), the loss in renewal fees could be offset by the CP revenue. Ms. Tillman Wolf provided placeholder CP fee estimates of \$15 for PTAs and \$30 for PTs to demonstrate the offset.
- Regarding endorsement applicants, and based upon 2017 data, Ms. Tillman Wolf provided an estimate of the loss of fees from these applications over a two-year basis. The Compact could eliminate a substantial amount of endorsement income, because licensees from other states could obtain the CP rather than a Virginia license. The total impact is unclear because the assumption made for a “worst-case scenario” is based upon the loss of endorsement income for all applicants, not just those in Compact states. The losses from endorsement application fees could also be offset by CP revenue.

Using the data presented, Ms. Tillman Wolf provided a summary of a potential fee impact on the Board. Ms. Tillman Wolf reiterated that the summary presented a “worst-case scenario” in that it assumed the loss of all revenue from endorsement applications, as well as losses from renewal and inactive fees from all individuals living in neighboring states.

Summary of Potential Fee Impact

Estimated Biennial Compact Participation Fee	\$0
Estimated loss on biennial endorsement application fees**	(\$98,920)
Estimated loss in biennial renewal fees*	(\$107,875)
Estimated loss in inactive renewal fees*	(\$3,605)
Estimated gain in privilege to practice fees for those non-renewing*	\$23,835
Estimated gain in privilege to practice fees new Commission applications*	\$3,090
Estimated gain in privilege to practice fees due to alternative to full Endorsement applications**	\$20,310
Total estimated net biennial fiscal impact	\$(163,165)

Ms. Tillman Wolf further discussed data provided by FSBPT regarding Virginia licensees who reside in Compact states, or who hold licensure in other Compact states.

- 11,347 individuals with active VA licenses
 - 3,635 of these individuals have mailing addresses outside of VA (non-resident).
 - Of non-resident individuals, 928 are licensed in Compact states.
 - 3,450 of these individuals are VA residents, but also have active license(s) in state(s) other than VA.
 - Of VA residents with other state licenses, 988 are licensed in at least one Compact state.
- Using this FSBPT data, Virginia could look to losing renewal fees for non-residents who are licensed in Compact states (up to loss of 928 renewals), which could result in a biennial loss of between \$65,000-\$120,640 just in renewal fees
- For VA residents with other state licenses, VA would be their presumptive home state, so Virginia would likely continue to collect these renewal fees.

Ms. Tillman Wolf provided an overview of the areas where policies and procedures would need to be implemented for Compact participation:

- Criminal Background Check (CBC)
- Transmission of data
- Issuance of Licenses
- Disciplinary cases and sharing “investigative information”
- Regulatory changes – fees, regulations, guidance documents
- Board/public information
- PT Compact Commission participation

Ms. Tillman Wolf provided the following timeline for implementation:

- May 2018 - Board decision whether to pursue legislation
- May – Aug. 2018 - Vet proposed language with stakeholders and interested agencies (e.g. Virginia State Police)
- August 2018 - Legislative proposal due to Secretary/Governor’s Office for consideration
- Late 2018 - Notification by Governor’s Office; Patron selection; DLS for bill drafting
- January-February 2019 - General Assembly Session
- July 1, 2019 - Likely enactment date (if passed)
- Mid-late 2019
 - Attend Compact Commission meeting(s)
 - Implementation of policies, procedures by Board staff
 - Review and initiate changes to regulations, Guidance Documents, By-laws, as necessary, to effectuate Compact
- January 1, 2020 - Required enactment date for Criminal Background Check (CBC)

With no further questions, Ms. Tillman Wolf concluded her presentation.

Upon a motion by Dr. Locke, duly seconded by Dr. Dailey, the Board voted to pursue legislation to enact the Physical Therapy Licensure Compact. The motion passed unanimously.

Break

Dr. Jones called for a lunch break at 12:40 p.m. The Board meeting reconvened at 1:07 p.m.

BOARD ACTION AND DISCUSSION (continued)

Consideration of FSBPT Alternate Approval Process

Board members discussed the possible implementation of the FSBPT Alternate Approval Process for exam eligibility determinations.

Upon a motion by Dr. Dailey, duly seconded by Dr. Adler, the Board voted to table the Alternate Approval Process. The vote was unanimous.

NEXT MEETING – August 16, 2018

ADJOURNMENT

The meeting was adjourned at 1:18 p.m.

Allen R. Jones, Jr., PT, DPT, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

**VIRGINIA BOARD OF PHYSICAL THERAPY
MINUTES**

Friday, March 2, 2018
12:00 P.M.

Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

DATE, TIME & PLACE: On March 2, 2018, at 12:00 p.m., the Board of Physical Therapy convened by telephone conference call with a quorum of the Board present. The Board Vice-President presided as Chair, in order to consider whether a practitioner's ability to practice physical therapy constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1.

MEMBERS PRESENT: Arkena Dailey, PT, DPT, Chair
Tracey Adler, PT, DPT
Mira Mariano, PT, PhD, OCS
Elizabeth Locke, PT, PhD
Susan Szasz Palmer, Citizen Member

MEMBERS ABSENT: Sarah Schmidt, PTA, MPH

MEMBERS RECUSED: Allen Jones, Jr., PT, DPT

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Kathy Petersen, Senior Discipline Operations Manager
Candace Carey, Discipline Operations Assistant
Sarah Georgen, Licensing and Operations Manager

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Senior Assistant Attorney General
Jess Kelley, Adjudication Specialist

MATTER CONSIDERED: **ASHLEY LANEY, P.T.A.**
License No.: 2306-604400
Case No.: 183450

The Board received information from Sr. AAG James Schliessmann in order to determine whether Ms. Laney's ability to practice as a physical therapist assistant constituted a substantial danger to public health and safety. Mr.

Schliessmann provided details of the case to the Board for its consideration.

CLOSED SESSION: Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, the Board voted to convene a closed meeting at 12:15 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Ashley Laney, PTA. Additionally, she moved that Ms. Helmick, Ms. Petersen, Ms. Carey, Ms. Georgen and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Dr. Adler, and duly seconded by Dr. Mariano, the Board voted to re-convene at 12:24 p.m.

CERTIFICATION: Dr. Adler certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, the Board determined that Ms. Laney's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend her license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia. The Board also agreed to offer Ms. Laney a Consent Order in lieu of a Formal Hearing.

VOTE: The vote was unanimous.

DECISION: Upon a motion by Dr. Mariano, and duly seconded by Dr. Locke, the Board voted to offer Ms. Laney a Consent Order for Indefinite Suspension for no less than two years.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 12:28 p.m.

Arkena Dailey, PT, DPT, Chair

Corie Tillman Wolf, Executive Director

Date

Date

**VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES**

June 19, 2018

**Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233**

-
- CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 2:05 p.m.
- MEMBERS PRESENT:** Sarah Schmidt, PTA, MPH Chair
Tracey Adler, PT, DPT
- DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director
Candace Carey, Discipline Operations Assistant
Jessica Kelley, Adjudication Specialist
- MATTER:** **Jennifer McNerney, PT**
License # 2305-201792
Case # 181372
- DISCUSSION:** Ms. McNerney appeared before the Committee in accordance with the Notice of Informal Conference, dated May 21, 2018. Ms. McNerney was present and was not represented by counsel.
- The Committee fully discussed the allegations as outlined in the Notice of Informal Conference.
- CLOSED SESSION:** Upon a motion by Dr. Adler, and duly seconded by Ms. Schmidt, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Jennifer Eve McNerney, PT. Additionally, she moved that Ms. Tillman Wolf and Ms. Carey attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions. The Committee entered into closed session at 2:32 p.m.
- RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session at 3:08 p.m.
- DECISION:** Upon a motion by Dr. Adler and duly seconded by Ms. Schmidt, the Committee moved to take no action conditioned upon Ms. McNerney's compliance with terms and conditions.

The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:14 p.m.

Sarah Schmidt, Chair

Corie Tillman Wolf, Executive Director

Date

Date



**VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES**

June 19, 2018

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

-
- CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 3:41 p.m.
- MEMBERS PRESENT:** Sarah Schmidt, PTA, MPH, Chair
Tracey Adler, PT, DPT
- DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director
Candace Carey, Discipline Operations Assistant
Jessica Kelley, Adjudication Specialist
- MATTER:** **Jacinta Monique Hasan-Mitchell, P.T.A.**
License # 2306-604230
Case # 176335
- DISCUSSION:** Ms. Hasan-Mitchell did not appear before the Committee in accordance with the Notice of Informal Conference, dated May 21, 2018. Ms. Hasan-Mitchell was not present and was not represented by an attorney.
- Ms. Schmidt ruled that adequate notice was provided to Ms. Hasan-Mitchell, and the committee proceeded in her absence.
- The Committee fully discussed the allegations as outlined in the Notice of Informal Conference.
- CLOSED SESSION:** Upon a motion by Dr. Adler, and duly seconded by Ms. Schmidt, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Jacinta Monique Hasan-Mitchell, PTA. Additionally, she moved that Ms. Tillman Wolf and Ms. Carey attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions. The Committee entered into closed session at 3:43 p.m.
- RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session at 4:15 p.m.

DECISION:

Upon a motion by Dr. Adler and duly seconded by Ms. Schmidt, the Committee moved to order a reprimand to Ms. Hasan-Mitchell and ordered her to pay a \$300 monetary penalty and to complete 5 hours of continuing education in ethics.

The motion carried.

ADJOURNMENT:

The Committee adjourned at 4:18 p.m.

Sarah Schmidt, Chair

Corie Tillman Wolf, Executive Director

Date

Date



Executive Director's Report

Virginia Department of Health Professions
Cash Balance
As of June 30, 2018

	<u>116- Physical Therapy</u>
Board Cash Balance as June 30, 2017	\$ 1,457,317
YTD FY18 Revenue	199,705
Less: YTD FY18 Direct and Allocated Expenditures	<u>555,402</u>
Board Cash Balance as June 30, 2018	<u><u>1,101,620</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over) Budget	% of Budget
4002400 Fee Revenue					
4002401	Application Fee	175,025.00	154,250.00	(20,775.00)	113.47%
4002406	License & Renewal Fee	11,020.00	10,000.00	(1,020.00)	110.20%
4002407	Dup. License Certificate Fee	1,105.00	550.00	(555.00)	200.91%
4002409	Board Endorsement - Out	10,795.00	5,900.00	(4,895.00)	182.97%
4002421	Monetary Penalty & Late Fees	1,550.00	5,235.00	3,685.00	29.61%
4002432	Misc. Fee (Bad Check Fee)	140.00	35.00	(105.00)	400.00%
	Total Fee Revenue	<u>199,635.00</u>	<u>175,970.00</u>	<u>(23,665.00)</u>	<u>113.45%</u>
4003000 Sales of Prop. & Commodities					
4003020	Misc. Sales-Dishonored Payments	70.00	-	(70.00)	0.00%
	Total Sales of Prop. & Commodities	<u>70.00</u>	<u>-</u>	<u>(70.00)</u>	<u>0.00%</u>
	Total Revenue	<u>199,705.00</u>	<u>175,970.00</u>	<u>(23,735.00)</u>	<u>113.49%</u>
5011110	Employer Retirement Contrib.	11,898.03	11,610.00	(288.03)	102.48%
5011120	Fed Old-Age Ins- Sal St Emp	6,095.77	6,584.00	488.23	92.58%
5011130	Fed Old-Age Ins- Wage Earners	225.55	796.00	570.45	28.34%
5011140	Group Insurance	1,155.32	1,128.00	(27.32)	102.42%
5011150	Medical/Hospitalization Ins.	29,625.90	33,274.00	3,648.10	89.04%
5011160	Retiree Medical/Hospitalizatn	1,040.78	1,016.00	(24.78)	102.44%
5011170	Long term Disability Ins	582.02	568.00	(14.02)	102.47%
	Total Employee Benefits	<u>50,623.37</u>	<u>54,976.00</u>	<u>4,352.63</u>	<u>92.08%</u>
5011200 Salaries					
5011230	Salaries, Classified	86,455.42	86,060.00	(395.42)	100.46%
5011250	Salaries, Overtime	116.97	-	(116.97)	0.00%
	Total Salaries	<u>86,572.39</u>	<u>86,060.00</u>	<u>(512.39)</u>	<u>100.60%</u>
5011300 Special Payments					
5011310	Bonuses and Incentives	700.00	250.00	(450.00)	280.00%
5011340	Specified Per Diem Payment	1,450.00	3,250.00	1,800.00	44.62%
5011380	Deferred Compnstn Match Pmts	157.50	768.00	610.50	20.51%
	Total Special Payments	<u>2,307.50</u>	<u>4,268.00</u>	<u>1,960.50</u>	<u>54.07%</u>
5011400 Wages					
5011410	Wages, General	2,948.40	10,395.00	7,446.60	28.36%
	Total Wages	<u>2,948.40</u>	<u>10,395.00</u>	<u>7,446.60</u>	<u>28.36%</u>
5011530	Short-trm Disability Benefits	1,625.00	-	(1,625.00)	0.00%
	Total Disability Benefits	<u>1,625.00</u>	<u>-</u>	<u>(1,625.00)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	<u>144,076.66</u>	<u>155,699.00</u>	<u>11,622.34</u>	<u>92.54%</u>
5012000 Contractual Svs					
5012100 Communication Services					
5012110	Express Services	48.11	5.00	(43.11)	962.20%
5012140	Postal Services	3,105.36	10,000.00	6,894.64	31.05%
5012150	Printing Services	211.72	600.00	388.28	35.29%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012160	Telecommunications Svcs (VITA)	176.42	1,000.00	823.58	17.64%
5012170	Telecomm. Svcs (Non-State)	161.76	-	(161.76)	0.00%
5012190	Inbound Freight Services	2.56	-	(2.56)	0.00%
	Total Communication Services	3,705.93	11,605.00	7,899.07	31.93%
5012200	Employee Development Services				
5012210	Organization Memberships	2,500.00	2,500.00	-	100.00%
5012240	Employee Trainng/Workshop/Conf	-	1,000.00	1,000.00	0.00%
	Total Employee Development Services	2,500.00	3,500.00	1,000.00	71.43%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	300.00	300.00	0.00%
	Total Health Services	-	300.00	300.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	115.75	18,000.00	17,884.25	0.64%
5012440	Management Services	307.92	4,000.00	3,692.08	7.70%
5012470	Legal Services	-	300.00	300.00	0.00%
	Total Mgmnt and Informational Svcs	423.67	22,300.00	21,876.33	1.90%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	25.00	25.00	0.00%
5012530	Equipment Repair & Maint Srvc	586.60	-	(586.60)	0.00%
	Total Repair and Maintenance Svcs	586.60	25.00	(561.60)	2346.40%
5012600	Support Services				
5012630	Clerical Services	-	19.00	19.00	0.00%
5012640	Food & Dietary Services	366.60	750.00	383.40	48.88%
5012650	Laundry and Linen Services	26.70	-	(26.70)	0.00%
5012660	Manual Labor Services	131.29	700.00	568.71	18.76%
5012670	Production Services	1,164.97	2,245.00	1,080.03	51.89%
5012680	Skilled Services	14,197.15	13,000.00	(1,197.15)	109.21%
	Total Support Services	15,886.71	16,714.00	827.29	95.05%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,956.48	3,000.00	43.52	98.55%
5012840	Travel, State Vehicles	-	1,500.00	1,500.00	0.00%
5012850	Travel, Subsistence & Lodging	107.52	1,500.00	1,392.48	7.17%
5012880	Trvl, Meal Reimb- Not Rprtble	59.25	300.00	240.75	19.75%
	Total Transportation Services	3,123.25	6,300.00	3,176.75	49.58%
	Total Contractual Svcs	26,226.16	60,744.00	34,517.84	43.17%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,044.02	1,000.00	(44.02)	104.40%
5013130	Stationery and Forms	28.55	-	(28.55)	0.00%
	Total Administrative Supplies	1,072.57	1,000.00	(72.57)	107.26%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	50.00	50.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	0.35	-	(0.35)	0.00%
5013530	Electrcal Repair & Maint Matrl	-	15.00	15.00	0.00%
	Total Repair and Maint. Supplies	0.35	15.00	14.65	2.33%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	200.00	200.00	0.00%
5013630	Food Service Supplies	3.63	-	(3.63)	0.00%
	Total Residential Supplies	3.63	200.00	196.37	1.82%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	1,076.55	1,275.00	198.45	84.44%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	195.00	-	(195.00)	0.00%
	Total Awards, Contrib., and Claims	195.00	-	(195.00)	0.00%
	Total Transfer Payments	195.00	-	(195.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	29.00	29.00	0.00%
	Total Insurance-Fixed Assets	-	29.00	29.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	6.11	-	(6.11)	0.00%
5015350	Building Rentals	4.41	-	(4.41)	0.00%
5015390	Building Rentals - Non State	6,590.73	8,275.00	1,684.27	79.65%
	Total Operating Lease Payments	6,601.25	8,275.00	1,673.75	79.77%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	107.00	107.00	0.00%
5015540	Surety Bonds	-	7.00	7.00	0.00%
	Total Insurance-Operations	-	114.00	114.00	0.00%
	Total Continuous Charges	6,601.25	8,418.00	1,816.75	78.42%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	178.11	-	(178.11)	0.00%
5022180	Computer Software Purchases	193.53	-	(193.53)	0.00%
	Total Computer Hrdware & Sftware	371.64	-	(371.64)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	16.00	60.00	44.00	26.67%
	Total Educational & Cultural Equip	16.00	60.00	44.00	26.67%
5022600	Office Equipment				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11600 - Physical Therapy
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount		% of Budget
				Under/(Over)	Budget	
5022610	Office Appurtenances	-	35.00	35.00	0.00%	
5022620	Office Furniture	270.80	-	(270.80)	0.00%	
	Total Office Equipment	<u>270.80</u>	<u>35.00</u>	<u>(235.80)</u>	<u>773.71%</u>	
5022700	Specific Use Equipment					
5022710	Household Equipment	9.71	-	(9.71)	0.00%	
	Total Specific Use Equipment	<u>9.71</u>	<u>-</u>	<u>(9.71)</u>	<u>0.00%</u>	
	Total Equipment	<u>668.15</u>	<u>95.00</u>	<u>(573.15)</u>	<u>703.32%</u>	
	Total Expenditures	<u>178,843.77</u>	<u>226,231.00</u>	<u>47,387.23</u>	<u>79.05%</u>	
Allocated Expenditures						
20600	Funeral\LTCA\PT	103,908.95	105,946.05	2,037.10	98.08%	
30100	Data Center	60,588.70	92,176.18	31,587.49	65.73%	
30200	Human Resources	15,079.10	18,669.49	3,590.39	80.77%	
30300	Finance	52,682.63	49,335.13	(3,347.50)	106.79%	
30400	Director's Office	27,973.88	26,183.70	(1,790.18)	106.84%	
30500	Enforcement	53,298.21	69,162.72	15,864.52	77.06%	
30600	Administrative Proceedings	16,411.68	21,574.76	5,163.08	76.07%	
30700	Impaired Practitioners	1,129.70	1,150.77	21.08	98.17%	
30800	Attorney General	8,266.67	8,267.04	0.37	100.00%	
30900	Board of Health Professions	14,979.16	14,874.33	(104.83)	100.70%	
31100	Maintenance and Repairs	-	434.88	434.88	0.00%	
31300	Emp. Recognition Program	537.73	299.22	(238.51)	179.71%	
31400	Conference Center	6,001.57	6,064.20	62.63	98.97%	
31500	Pgm Devlpmnt & Implmentn	15,700.08	14,743.03	(957.05)	106.49%	
	Total Allocated Expenditures	<u>376,558.04</u>	<u>428,881.52</u>	<u>52,323.47</u>	<u>87.80%</u>	
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (355,696.81)</u>	<u>\$ (479,142.52)</u>	<u>\$ (123,445.70)</u>	<u>74.24%</u>	

federation News Briefs

July 2018

Volume 20, Number 7

Federation of State Boards of Physical Therapy

Our 2018 Award Recipients

Please join us in congratulating our 2018 awardees! They will be honored at the Awards Luncheon at the Annual Meeting in Reston, Virginia on Saturday, October 27, 2018.

Academy of Advanced Item Writers

- Aubrey Bailey, *Virginia*
- Teresa Briedwell, *Missouri*
- Emelia Exum, *Texas*
- Bethany Froboese, *Tennessee*
- Lori Hurtak, *Florida*
- Christine Melius, *Texas*
- Nancy Schneider Smith, *North Carolina*

Excellence in Regulation Awards

- North Carolina Board of Physical Therapy Examiners
- Virginia Board of Physical Therapy

Outstanding Service Awards

- Troy Costales, *Oregon*
- Rebecca Porter, *Indiana*
- Adrienne Price, *Georgia*
- Alicia Rabena-Amen, *California*
- David Reed, *North Carolina*
- Susan Roehrig, *Texas*
- Thomas Ryan, *Wisconsin*
- Jennifer Zdobylak, *Indiana*
- Traci Zeh, *Florida*

President's Award

- Michele Thorman, *Wisconsin*

Richard McDougall Long Term Service Awards

- Maggie Donohue, *New Hampshire*

In This Issue

- ▣ [Our 2018 Award Recipients](#)
- ▣ [Key 2019-2020 Meeting Dates for your Planning Calendars](#)
- ▣ [We've Got a New \(Use for\) aPTitude](#)
- ▣ [Our Gratitude for Volunteers Hard at Work](#)
- ▣ [Spotlight on Member Resources: 2018 Leadership Issues Forum Presentations available](#)
- ▣ [Board of Directors Report](#)
- ▣ [In the News](#)
- ▣ [Board Liaisons to Jurisdictions](#)
- ▣ [Staff Contact Information](#)

Quick Links

- ▣ [Our Website](#)
- ▣ [Contact Us](#)

News Brief Links

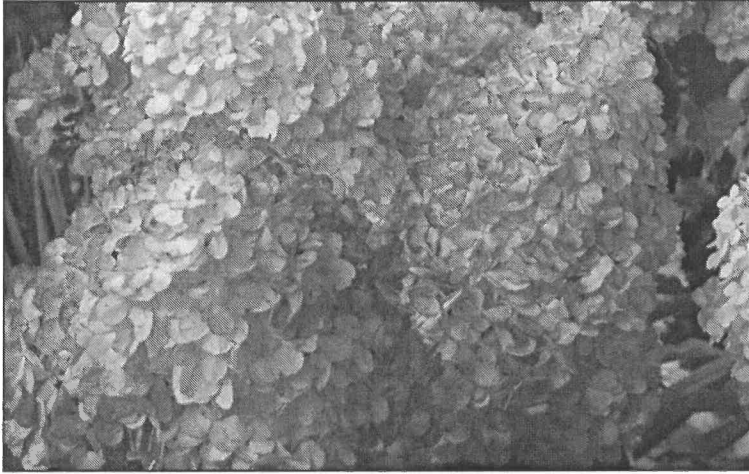


[Back Home](#)

[Forward to a Friend](#)

[Back...](#)

Sign off



That's all the news today from the Vanilla Strawberry hydrangea covered banks of the Potomac, where the fish are faster, the fishing boats are longer, and the fishermen are still full of stories.

- *William A. Hatherill, CEO*

Photo credit: Wilson Bors Gardens website

FSBPT[®], aPTitude[®], oPTion[®], ProCert[®], PEAT[®], and NPTE[®] are registered trademarks of the Federation of State Boards of Physical Therapy.

federation News Briefs

July 2018

Volume 20, Number 7

Federation of State Boards of Physical Therapy

Key 2019-2020 Meeting Dates for your Planning Calendars

Consider adding these dates now to your board planning calendars so you don't miss these important meetings! We'll update you when additional meeting dates are established.

2019

July 13-14, 2019 Leadership Issues Forum | Alexandria, VA
 October 24-26, 2019 Annual Meeting and Delegate Assembly | Oklahoma City, Oklahoma

2020

October 22-24, 2020 Annual Meeting and Delegate Assembly | Location TBD

[Back...](#)

In This Issue

- [Our 2018 Award Recipients](#)
- [Key 2019-2020 Meeting Dates for your Planning Calendars](#)
- [We've Got a New \(Use for\) aPTitude](#)
- [Our Gratitude for Volunteers Hard at Work](#)
- [Spotlight on Member Resources: 2018 Leadership Issues Forum Presentations available](#)
- [Board of Directors Report](#)
- [In the News](#)
- [Board Liaisons to Jurisdictions](#)
- [Staff Contact Information](#)

Quick Links

- [Our Website](#)
- [Contact Us](#)

News Brief Links



[Back Home](#)

[Forward to a Friend](#)

Sign off

That's all the news today from the Vanilla Strawberry hydrangea covered banks of the Potomac, where the fish are faster, the fishing boats are longer, and the fishermen are still full of stories.

- *William A. Hatherill, CEO*

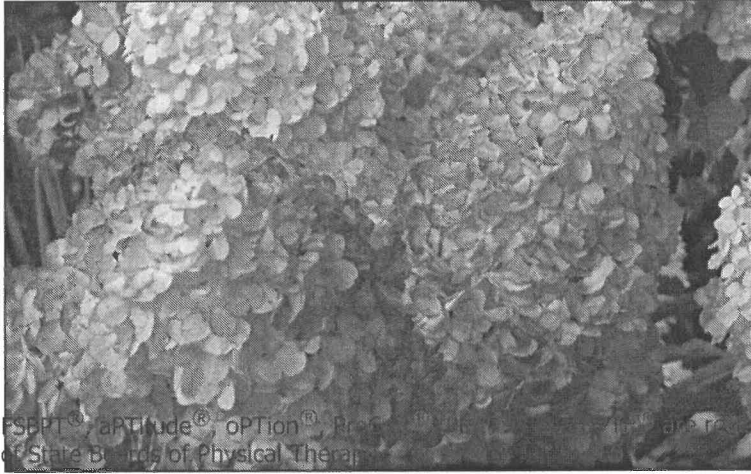


Photo credit: Wilson Bors Gardens website

FSPT®, aptitude®, option®, Pro6™, and Fit2Go™ are registered trademarks of the Federation of State Boards of Physical Therapy

To: NPTE Candidate

From: examregistration@fsbpt.org

Subject: Important Retake Information for the NPTE

You are receiving this letter because our records show that you have taken the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants (PTAs) two times without passing.

In accordance with the 6-time lifetime limit and because you have taken the NPTE-PTA two times without passing, you may take the exam up to four more times.

Based on evidence we have from test scores since 2008, candidates who have failed the NPTE twice or more are unlikely to pass on any subsequent attempt. Our evidence suggests that those who do pass have participated in substantial remediation and physical therapy education.

Potential resources and remediation options you may want to consider include the following.

- Request a performance feedback report from FSBPT. This detailed diagnostic report helps you identify your strengths and weaknesses so you know what content areas to study.
- Review the NPTE content outline (www.fsbpt.org/FreeResources/NPTEDevelopment/NPTEContent.aspx). The content outline provides information about what type of content will be on the exam, and in what proportion.
- Take FSBPT's practice exam and assessment tool (PEAT).
- For candidates educated outside of the United States, completing a program that assesses and remediates a candidate's strengths and weaknesses relative to a CAPTE-equivalent education.
- For candidates who do not speak English as a first language, remediation that focuses on improving English communication skills, and achieving at least the FSBPT recommended minimum scores on each section of the TOEFL (<http://www.ets.org/toefl>). Minimum score requirements can be found at www.fsbpt.org/eligibility.

Other activities may supplement these remediation and educational opportunities, such as working with a licensed Physical Therapist or PT educator, or attending a credible NPTE preparation course.

FSBPT cannot guarantee that any or all of these activities will ensure a passing score on future NPTEs. Our goal is to provide you with information and options. It is your responsibility to determine appropriate remediation activities.

For more information on these policies, see FSBPT's website at: www.fsbpt.org/eligibility.

If you have additional questions, please contact examregistration@fsbpt.org.

Sincerely

The Federation of State Boards of Physical Therapy



PT Compact Frequently Asked Questions (FAQ)

Questions about the PT Compact Commission

What is an interstate compact?

Interstate compacts are contracts between two or more states creating an agreement on a particular policy issue, adopting a certain standard or cooperating on regional or national matters.

Compacts are the most powerful, durable and adaptive tools for ensuring cooperative action among states. Unlike federally imposed mandates that often dictate unfunded and rigid requirements, interstate compacts provide a state-developed structure for collaborative action, while building consensus among states and federal partners.

How can a state/jurisdiction become a member of the PT Compact?

Each state's legislature must adopt the [PT Compact language](#) to join the PT Compact.

What is the purpose of the PT Compact Commission?

The PT Compact Commission is the national administrative body whose membership consists of all states that have joined the PT Compact. The Commission's purpose is to increase consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and cross-state practice.

What states are members of the PT Compact?

The [interactive state map](#) lists the current PT Compact member states and other states that have introduced legislation to join the PT Compact.

What is the governance structure of the PT Compact Commission?

The PT Compact Commission is a governmental entity established through the [PT Compact language](#). The Commission consists of [Delegates](#) from each member state, led by an [Executive Board](#), and staffed by a Compact Administrator.

Who are the state Delegates to the PT Compact Commission?

Each member state appoints a Delegate to represent the state on the PT Compact Commission. A list of all Commission Delegates is available [here](#).

Who are the Executive Board members of the PT Compact Commission?

The PT Compact Commission Executive Board consists of nine (9) members. Seven (7) members are elected by the full PT Compact Commission and two non-voting ex officio members are appointed by and represent the American Physical Therapy Association (APTA) and the Federation of State Boards of Physical Therapy (FSBPT). A list of Executive Board members is available [here](#).

When does the PT Compact Commission meet?

Information about Commission meetings is available [here](#).

Where can I find the Physical Therapy Compact Commission's governance documents?

The Commission Rules are available [here](#) and the Bylaws are available [here](#).

Does the physical therapy professional association support the concept of a licensure compact for physical therapy?

The American Physical Therapy Association (APTA) 2014 House of Delegates passed a motion supporting the concept of a physical therapy licensure compact. APTA has an Ex Officio member on the PT Compact Commission Executive Board.

How can I contact the PT Compact Commission?

Contact the PT Compact Commission through the [contact form](#), by calling 703-562-8500, or emailing info@ptcompact.org.

Questions about the Compact Privilege process and requirements

What is a Compact Privilege?

A Compact Privilege is the authorization to work in a Compact member state other than your home state. To be eligible for a Compact Privilege, you must hold an active PT or PTA license in your home state and meet other eligibility criteria, such as having no disciplinary action against your license for at least two years. When eligibility is verified and all fees are paid, you receive the Compact Privilege and may begin legally working in the other remote state.

How long is the process to obtain a Compact Privilege?

Eligible PTs and PTAs can obtain Compact Privileges through the Purchase Now link at ptcompact.org. In most cases, Compact Privileges will be issued within minutes of purchase. Note that states may require the successful completion of its jurisprudence exam prior to purchasing a compact privilege which may impact the time to need to complete the process.

Do I need a separate Compact Privilege for each state in which I want to provide physical therapy services?

Yes. You will need to have a Compact Privilege in each state in which you want to provide physical therapy services. You may have a Compact Privilege or a license to work legally in a member state. You need to hold a license to practice/work in non-member states.

Can both physical therapists and physical therapist assistants obtain Compact Privileges?

Yes, eligible PTs and PTAs can purchase Compact Privileges.

How long must a PT or PTA have a license and be practicing/working to be eligible to obtain Compact Privileges?

There is no requirement regarding the length of time a PT or PTA must hold a license or be practicing/working to be eligible to obtain Compact Privileges.

How is a licensee's home state defined?

As defined by [Commission Rules](#), a licensee's home state means the person's true, fixed, and permanent home and is the place where the person intends to remain indefinitely, and to which the person expects to return if absent without intending to establish domicile elsewhere. Special exceptions this rule is provided for active duty military and their spouses.

People seeking a compact privileges will be required to provide their driver's license information as primary confirmation of home state residence. Additional proof of residency may also be requested by the Commission.

How do I determine my home state if I am active duty military or a military spouse?

In order to support military members and their families', alternatives to the home state definition are specified in the [Commission Rules](#). For the purposes of the PT Compact only, active duty military and military spouses may define their home state as one of the following:

- "Home of record" means the military personnel's State of Legal Residence on record with the military.
- "Permanent Change of Station" or "PCS" means the state of the duty station noted in the active duty military personnel's PCS orders.
- "State of current residence" means the state in which the active duty military personnel or spouse is currently physically residing.

If active duty military or spouse is selected during the online process the individual will be required to submit proof of military service to the Commission at military@ptcompact.org.

How is a remote state defined?

A remote state is a PT Compact member state other than the licensee's home state, where the individual is using or seeking to use the Compact Privilege.

Who is eligible to purchase a Compact Privilege?

In order to purchase and maintain a Compact Privilege, you must meet each of these requirements:

1. Hold a current, valid PT or PTA license in your home state, as defined in Commission Rules.
2. Your home state must be a member of the PT Compact and actively issuing compact privileges.
3. You cannot have any active encumbrances against any PT or PTA license.
4. You cannot have any disciplinary action against any PT or PTA license for a period of two years.
5. The state where you are seeking a Compact Privilege must be a member of the PT Compact and actively issuing compact privileges.

Can I still apply for a license if I am not eligible to obtain a Compact Privilege?

Yes. Ineligibility for a Compact Privilege does not prohibit an individual from seeking a license. Licensing decisions are determined by the respective licensing board of each jurisdiction.

How much does a Compact Privilege cost?

The fee to purchase Compact Privilege varies from state to state. There is a \$45 Commission fee and an optional state fee charged for each Compact Privilege. A list of state fees is available [here](#).

What continuing competence requirements must be met?

Continuing competence requirements vary from state to state. You only need to meet the continuing competency requirements of your home state license. You do not need to meet the continuing competence requirements for the state(s) in which you hold a Compact Privilege.

What jurisprudence requirements must be met?

Each member state may require individuals seeking a Compact Privilege to pass an optional jurisprudence requirement. These requirements vary from state to state. It is recommended that you review the requirements of each member state prior to purchasing a Compact Privilege since failure to adhere to jurisprudence requirements may lead to loss of all Compact Privileges. A list of the jurisprudence requirements for compact states is available [here](#).

Are fees waived for active duty military, military spouses, or veterans?

Some member states have chosen to waive their state fees for current or former members of the military and their spouses. Individuals who indicate they are active duty military, military spouses, or veterans and provide required proof will have the state fees waived in the states where it is applicable. There is no waiver of the Commission fee. A list of member states waiving fees is available [here](#).

What information will I need to obtain a Compact Privilege?

The online system will require PTs and PTAs to login using their Federation of State Boards of Physical Therapy Identification (FSBPT ID) number and password. The system will verify eligibility and ask registrants to complete and/or update basic contact information, etc. Respective license information

provided by state boards of physical therapy will be automatically connected to the corresponding individual's account.

Is there a time limit that someone can practice on a Compact Privilege in a remote state?

All Compact Privileges expire on the same date as the home state license. The licensee must renew their home state license before they can renew the Compact Privilege if they want to continue practicing in that remote state.

Which state's scope of practice must be used when practicing under a Compact Privilege?

A Compact Privilege allows the privilege holder to practice physical therapy in a remote state under the scope of practice of the state where the patient/client is located. Links to resources to assist in learning the different laws, rules, and regulations for member states is available [here](#).

Does a Compact Privilege allow the privilege holder to practice via telehealth in a remote state?

A Compact Privilege allows the privilege holder to practice physical therapy in a remote state under the scope of practice of the state where the patient/client is located, whether the practice is in-person or via telehealth. Compact privilege holders should consult the rules and laws for the state they wish to practice in to determine the specific telehealth requirements.

What is an adverse action?

An adverse action is a publicly available disciplinary action taken against a license or compact privilege by a Licensing Board. Adverse action does not include non-disciplinary remediation required by the Licensing Board.

What is an encumbrance?

An encumbrance is any action taken by the Licensing Board that limits the practice or work of the physical therapist or physical therapist assistant. An encumbrance may be disciplinary or non-disciplinary in nature.

How and when do I self-report an encumbrance or adverse action?

A Compact Privilege holder must report to the Commission any encumbrance or adverse action placed upon any physical therapist or physical therapist assistant license held by the compact privilege holder in a non-member state within two (2) business days of the effective date of the action by sending an email to discipline@ptcompact.org.

What happens to my Compact Privileges if one of my licenses is encumbered or receives an adverse action?

An individual immediately loses any and all Compact Privilege(s) upon the effective date of either of the following actions taken by a Licensing Board:

- Adverse action taken against a license or Compact Privilege; or
- Encumbrance placed upon the individual's license or Compact Privilege.

More details regarding the effect of encumbrances and adverse actions on compact privileges are provided in [Rule 3.3](#).

Where can I get additional information on the PT Compact?

Additional information about the PT Compact is available on ptcompact.org. Individuals can also join the PT Compact Commission email distribution list. Additionally, emails can be sent to info@ptcompact.org or by using the [contact form](#).

When will the Commission begin issuing compact privileges?

The first member states began issuing compact privileges on July 9, 2018. Please note, however, that not all states are ready to issue compact privileges. Your home state must be a member of the PT Compact and actively issuing compact privileges in order to be eligible to get compact privileges in other issuing states. Please consult the [PT Compact map](#) to determine which states are actively issuing compact privileges.

How can I get my Federation of State Boards of Physical Therapy (FSBPT) ID and Password?

Your FSBPT ID and Password can be retrieved [here](#).

Will I receive a paper certificate and/or wallet card?

The Commission does not provide certificates or wallet cards associated with a compact privilege. Purchase confirmation information can be printed after purchase is completed and an email will be sent to the email on file. Public verification of compact privilege holders can be done at ptcompact.org/verification.

Who can I contact if I still have not found an answer to my question?

Contact the PT Compact Commission through the [contact form](#), by calling 703-562-8500 (9 a.m. to 5 p.m. Eastern), or emailing info@ptcompact.org.

Illustrative Scenarios

SCENARIO 1 – COMPACT PRIVILEGE ELIGIBILITY

Mary is a PT licensed in Arizona. She lives in Arizona and wants to take a travel therapy assignment in Utah for 13 weeks. Would Mary be required to obtain a license in the state of Utah or would her current license allow her to obtain a Compact Privilege to practice in Utah?

In order for Mary to obtain a Compact Privilege, her home state (Arizona) must be a member of the PT Compact and issuing compact privileges. Mary will need a license in her home state, no encumbrances on any license or compact privilege, and have not had any adverse actions against any license or compact privilege within the previous 2 years. Since Arizona and Utah are both members of the Compact, Mary could purchase a Compact Privilege for Utah and legally practice physical therapy in Utah. If Utah was not a Compact member state, Mary would need to get a license in Utah to legally practice in Utah.

SCENARIO 2 – MOVING FROM A MEMBER STATE TO A NON-MEMBER STATE

Chris is PT licensed in Tennessee. He lives in Tennessee and works in Mississippi using a Compact Privilege. If Chris moves to Arkansas, what does Chris need to do in order to continue practicing in Mississippi?

Since Arkansas is not a Compact member state, Chris must apply for a Mississippi license. Chris was only eligible for a Compact Privilege in Mississippi because his previous home state (Tennessee) was a member of the Compact.

SCENARIO 3 –MOVING FROM A MEMBER STATE TO ANOTHER MEMBER STATE

Cameron is a PTA licensed in Tennessee. He lives in Tennessee and works in Mississippi using a Compact Privilege. If Cameron moves to North Carolina, what does Cameron need to do in order to keep working in Mississippi?

Because his new home state (North Carolina) is also a member of the Compact, Cameron must be licensed in the new home state to be eligible for Compact Privileges. Therefore, Cameron must apply for and receive a North Carolina license to maintain the current Compact Privilege for Mississippi. The license in the new home state must be obtained before notifying the PT Compact Commission of the new home state.

SCENARIO 4 – IMPACT ON COMPACT PRIVILEGES IF HOME STATE LICENSE IS DISCIPLINED

Pat is licensed in Texas and lives in Texas. She currently has Compact Privileges in Arizona, Utah, and Colorado. What happens if Pat’s Texas license is disciplined for failure to complete the required continuing competence?

If Pat’s Texas license is discipline, her Compact Privileges in Arizona, Utah, and Colorado would all be immediately revoked and she would be ineligible for any Compact Privileges for two years after the effective date of the last disciplinary action. Pat must obtain a license in Arizona, Utah, and/or Colorado to continue to legally practice in those states. Each state would follow its own process to determine eligibility for a license when determining if Pat could obtain a license in those 3 states.

SCENARIO 5 –MILITARY SPOUSE THAT RELOCATES FROM A MEMBER STATE TO A NON-MEMBER STATE

Ryan is a military spouse. Ryan’s Permanent Change of Station (PCS) post is Texas and his home of record is Arizona. However, Ryan currently lives and is licensed in Ohio, which is not a Compact member state. What must Ryan do in order to practice in Texas and Mississippi?

Ryan has two options as a military spouse. (1) Since Arizona is a member of the Compact, Ryan can get a license in Arizona and then use Arizona as his home state, since it is his military spouse’s home of record. This would allow him to obtain Compact Privileges in Mississippi and Texas. (2) Since Texas is a member of the Compact, Ryan can get a license in Texas and then use Texas as his home state, since it is his military spouse’s PCS post. This would allow him to obtain a Compact Privilege in Mississippi.

SCENARIO 6 – IMPACT OF DISCIPLINE BY A REMOTE STATE ON COMPACT PRIVILEGES AND HOME STATE LICENSE

Dylan is a PT whose home state license is in North Dakota. Dylan has Compact Privileges in Arizona, Missouri, and Utah. Utah takes disciplinary action against Dylan's Utah Compact Privilege for submitting false claims. Dylan's Compact Privileges in Arizona, Missouri, and Utah are immediately revoked. Upon notification of the Utah action, North Dakota decides to suspend Dylan's North Dakota license for 3 years. When can Dylan get a Compact Privilege again?

Although the Compact language states that licensees are ineligible for a Compact Privilege for two years after the effective date of the disciplinary action, Dylan must wait until the North Dakota license is no longer encumbered (3 years) before being eligible for Compact Privileges again. Dylan would still be able to apply for a license in Arizona, Missouri, and Utah in order to practice in each state. Each state would follow its own process to determine eligibility for a license when determining if Dylan could obtain a license in those 3 states.

SCENARIO 7 – NOT HAVING A LICENSE IN YOUR HOME STATE

Jamie has a PT license in Tennessee but lives in Arkansas. Is Jamie eligible to obtain Compact Privileges?

Jamie is not eligible for Compact Privileges because her home state (Arkansas) is not a member of the Compact, even though she is licensed in a Compact member state (Tennessee). Jamie must live in a PT Compact member state and hold a license in that state to be eligible to purchase a Compact Privilege.

SCENARIO 8 – COMPACT PRIVILEGES FOR DUAL LICENSE HOLDERS

Jessie has a PT and PTA license in Mississippi and lives in Mississippi. Does Jessie need to get separate Compact Privileges to practice as a PT and PTA in remote states?

Yes. Compact Privileges are associated with the specific license. Therefore, in order to practice as a physical therapist in a remote state, Jessie must obtain a compact privilege for the PT license. She must obtain a different Compact Privilege for the PTA license in order to work as a physical therapist assistant in a remote state.

Board of Health Professions Report

Board of Health Professions Full Board Meeting

June 26, 2018

10:00 a.m. - Board Room 4

9960 Mayland Dr, Henrico, VA 23233

In Attendance

Lisette P. Carbajal, Citizen Member
Helene D. Clayton-Jeter, OD, Board of Optometry
Yvonne Haynes, LCSW, Board of Social Work
Mark Johnson, DVM, Board of Veterinary Medicine
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Ryan Logan, RPh, Board of Pharmacy
Kevin P. O'Connor, Board of Medicine
Martha S. Perry, MS, Citizen Member
Maribel E. Ramos, Citizen Member
Herb Stewart, PhD, Board of Psychology
Jacquelyn Tyler, RN, Citizen Member
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
James Wells, RPh, Citizen Member

Absent

Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Derrick Kendall, NHA, Board of Long-Term Care Administrators

Trula E. Minton, MS, RN, Board of Nursing
James D. Watkins, DDS, Board of Dentistry

Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers

DHP Staff

Barbara Allison-Bryan, Deputy Director, DHP
David Brown, Director, DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Jaime Hoyle, Executive Director Behavioral Sciences Boards, DHP
Laura L. Jackson, MSHSA, Operations Manager, BHP
Ralph Orr, Director, Prescription Monitoring Program (PMP)
Diane Powers, Communications Director, DHP
Corie Tillman Wolf, Executive Director, Boards of Funeral Directors and Embalmers, Physical Therapy, Long-Term Care Directors, DHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP

OAG Representative Not present
Presenters Ralph Orr, Director, Prescription Monitoring Program (PMP)
Speakers No speakers signed-in
Observers No observers signed-in
Emergency Egress Dr. Carter

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:05 a.m.
Quorum Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The February 27, 2018 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Welcome

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter recognized new Board member Dr. Kevin O'Connor with the Board of Medicine; Reappointed board members Allen R. Jones, Jr, Board of Physical Therapy; Martha S. Rackets, Citizen Member; Jacquelyn M. Tyler, Citizen Member and herself, Helene D. Clayton-Jeter, Board of Optometry. Retiring board members are Yvonne Haynes, Board of Social Work; Laura Verdun, Board of Audiology & Speech-Language Pathology; and Junius Williams, Jr., Board of Funeral Directors & Embalmers. All were welcomed and thanked for their commitment in serving the Commonwealth.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown thanked the board members for their devoted service to their respective board as well as the Board of Health Professions. Dr. Brown updated the Board on the new appointees within the Administration.

Dr. Brown informed the Board that the agency has completed the move of the reception area from the third floor to the newly renovated first floor area. Additional changes include new agency ID badges with the agency logo for staff and board members. Dr. Brown informed the board that the Board of

Pharmacy will monitor production of the THC oils, monitoring who and what can be prescribed and allowing five processors to obtain a permit. Dr. Brown informed the Board that community health workers are under evaluation to be regulated. Lastly, there is a bill that may require ER doctors to check with PMP before prescribing narcotics and evaluate the need for the availability of naloxone for patients receiving narcotic medications. Dr. Allison-Bryan and Ms. Hahn have been working on security measures for reception staff as well as third floor staff with Virginia State Police and Henrico Police.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to regulations and General Assembly legislative actions relevant to DHP.

Prescription Monitoring Program (PMP)

Presenter Mr. Orr

Discussion

Mr. Orr provided a PowerPoint presentation, updating the board on the work of the PMP. Attachment 1.

Regulatory Research Committee

Presenter Mr. Wells

Discussion

Mr. Wells updated the Board on the work of the Committee and the status of the Art Therapist public hearing and ongoing study.

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating within budget.

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points (SRP) - Update

Dr. Carter advised of the boards currently undergoing SRP revisions.

Policies and Procedures

Dr. Carter provided an update on BHPs policies and procedures, specifically in relation to sunrise reviews.

Healthcare Workforce Data Center

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation overview of Virginia Physician's and their differences. She also advised the Board that the center is up to date on all survey reports and posting of the workforce briefs.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

Dr. Clayton-Jeter provided an overview of the Boards of Audiology & Speech-Language Pathology. Attachment 2.

Board of Counseling

Dr. Doyle was not present.

Board of Dentistry

Dr. Watkins was not present.

Board of Funeral Directors & Embalmers

Mr. Williams was not present.

Board of Long Term Care Administrators

Mr. Kendall was not present.

Board of Medicine

Dr. O'Connor reported on the joint boards of Medicine and Nursing and the status of Nurse Practitioners and independent practice.

Board of Nursing

Ms. Minton was not present.

Board of Optometry

Dr. Clayton-Jeter presented an update on the Board of Optometry. Attachment 3.

Board of Pharmacy

Mr. Logan reported on the status of regulation of pharmaceutical processors.

Board of Physical Therapy

Dr. Jones, Jr., reported that at the May 1, 2018 meeting the Board discussed: The Board accepted revisions from the Legislative/Regulatory Committee regarding Direct Access Patient Attestation and Medical Release forms; The Board recently revised, repealed and/or re-adopted sixteen (16) Guidance Documents; and The Board voted to pursue legislation to enact the Physical Therapy Licensure Compact. This legislation would allow agreement between member states to improve access to physical therapy

services for the public by increasing the mobility of eligible physical therapy providers to work in multiple states.

Board of Psychology

Renewals began in June and will bring more revenue to the Board. Customer satisfaction survey percentages went back up to 92% for this quarter. A vote on PSYPACT is being put off until the July meeting.

Board of Social Work

Ms. Haynes was not present.

Board of Veterinary Medicine

Dr. Johnson reported on the status of the board. Attachment 4.

New Business

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter stated that due to board member vacancies there are now positions on the Education, Nominating and Regulatory Research Committees. Board members interested in these openings need to contact the Board office.

August 23, 2018 Next Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as August 23, 2018

Adjourned 1: 06 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

Legislation and Regulatory Actions

Board of Physical Therapy

Guidance on Dry Needling in the Practice of Physical Therapy

Upon recommendation from the Task Force on Dry Needling, the Board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:

- Dry needling is not an entry level skill but an advanced procedure that requires additional training.
- A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.
- The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.
- Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.
- If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.
- A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:

Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.