Virginia Department of Health Professions
Board of Physical Therapy

Agenda
Full Board Meeting

May 16, 2019
Board Room #2
10:00 a.m.

Call to Order – Arkena L. Dailey, PT, DPT, Board President

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

Approval of Minutes

- Board Meeting – February 19, 2019
- For informational purposes – Informal Conferences February 19, 2019, March 25, 2019

Ordering of Agenda

Public Comment

The Board will receive public comment 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 and Discipline Report – **Corie E. Tillman Wolf, 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**

Legislation and Regulatory Actions – Corie E. Tillman Wolf

- Update on Legislation – 2019 General Assembly
- Update on Status of Regulations

Board Discussion and Action

- Discussion and Possible Action on Guidance Document – Receipt of Verbal Orders for Drugs and Devices by Physical Therapists – **Corie E. Tillman Wolf**
- Discussion of and Initial Actions to Begin Implementation of Physical Therapy Licensure Compact – **Corie E. Tillman Wolf**

New Business

- 2018 Workforce Reports – Physical Therapist and Physical Therapist Assistant – **Elizabeth A. Carter, Ph.D.**
- Overview of the DHP Enforcement Division – **Michelle Schmitz, Director of Enforcement**
- Designation of Delegates – FSBPT Annual Meeting – **Corie E. Tillman Wolf**

Next Meeting – August 13, 2019

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 2.2-3707 (F).

Approval of Minutes

Virginia Department of Health Professions
Board of Physical Therapy

Draft Minutes
Full Board Meeting

February 19, 2019

The Virginia Board of Physical Therapy convened for a full board meeting on Tuesday, February 19, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Arkena L. Dailey, PT, DPT, President*
Elizabeth Locke, PT, PhD, Vice-President
Allen R. Jones, Jr., PT, DPT
Tracey Adler, PT, DPT
Mira H. Mariano, PT, PhD, OCS
Susan Palmer, MLS
Rebecca Duff, PTA, DHSc*

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Assistant Attorney General, Board Counsel
David Brown, DC, DHP Director
Sarah Georgen, Licensing and Operations Manager
Lynne Helmick, Deputy Director
Laura Mueller, Program Manager
Angela Pearson, Senior Discipline Operations Manager
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

OTHER GUESTS PRESENT

Josh Bailey, Virginia Physical Therapy Association

**participant indicates attendance to count toward continuing education requirements*

CALL TO ORDER

Dr. Arkena L. Dailey, PT, DPT, Board President, called the meeting to order at 10:00 a.m. and asked the Board members and staff to introduce themselves.

With seven members present at the meeting, a quorum was established.

Dr. Dailey read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Dailey congratulated Dr. Rebecca Duff on recently obtaining her Doctorate in Health Sciences.

Dr. Dailey provided reminders to the Board members and audience regarding microphones, sign in sheets, computer agenda materials, attendance for continuing education requirements and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Jones, and properly seconded by Dr. Locke, the Board voted to accept the following meeting minutes:

- November 13, 2018 Full Board meeting
- December 4, 2018 Telephonic Conference
- February 11, 2019 Legislative/Regulatory Committee meeting

The motion passed unanimously.

ORDERING OF THE AGENDA

Ms. Tillman Wolf noted that Dr. Brown and Ms. Yeatts will be in attendance later in the meeting and asked for flexibility in the agenda to accommodate dual meeting obligations. A potential settlement proposal may be received for the Board's consideration, which may be added to the end of the agenda.

Upon a **MOTION** by Dr. Duff, and properly seconded by Dr. Adler, the Board voted to accept the agenda with the proposed changes to order. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Ms. Tillman Wolf offered congratulations to Dr. Duff on her recent doctoral degree. Ms. Tillman Wolf also congratulated Ms. Palmer on her appointment to the Board of Trustees for the Virginia Museum of Fine Arts.

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of January 31, 2019.

Cash Balance as of June 30, 2018	$1,101,620
YTD FY19 Revenue	$1,278,265
Less YTD Direct & In-Direct Expenditures	$356,271
Cash Balance as of September 30, 2018	**$2,023,614**

Ms. Tillman Wolf provided a brief update of the Physical Therapy Compact, noting that the bill passed the Senate and the House and is awaiting the Governor's signature. The effective date would be January 1, 2020.
Ms. Tillman Wolf reminded Board members of upcoming FSBPT meeting dates to include the Annual Regulatory Training for Board members and staff in Alexandria, Virginia in June 2019; the Leadership Issues Forum in Alexandria, Virginia from July 13-14, 2019; and the FSBPT Annual Meeting and Delegate Assembly in Oklahoma City, OK from October 24-26, 2019.

Ms. Tillman Wolf stated that the biennial renewals ended on December 31, 2019. She also noted that the December newsletter has been accessed over 1,000 times on the DHP website.

Ms. Tillman Wolf shared with the Board staff planning objectives for 2019 to include implementation of the PT licensure compact, the periodic review of regulations, completion of audits from the renewal cycle, updates to the PT website, and the continued dissemination of information to licensees in the form of newsletters and e-mails.

Ms. Tillman Wolf presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

License	February 13, 2019	November 5, 2018	Change +/-
Physical Therapist	**7,877**	**9,022**	(1,145)
Physical Therapist Assistant	**3,402**	**3,718**	(316)
Total PT's and PTA's	**11,279**	**12,740**	(1,461)
Direct Access Certification	**1,238**	**1,223**	15

Ms. Tillman Wolf presented the PT Exam Statistics from January 29, 2019 which included the following:

	# who took exam	# Passed	1st time test takers	Repeat test takers	# Failed	1st time testers	Repeat Test Takers
US Applicants	30	19	11	8	11	5	6
Non-CAPTE Applicants	1	0	0	0	1	0	1
Total	31	19	11	8	12	5	7

Ms. Tillman Wolf presented the PTA Exam Statistics from January 9, 2019 which included the following:

	# who took exam	# Passed	1st time test takers	Repeat test takers	# Failed	1st time testers	Repeat Test Takers
US Applicants	11	6	1	0	5	0	5
Non-CAPTE Applicants	0	0	0	0	0	0	0
Total	11	6	1	0	5	0	5

Ms. Tillman Wolf provided the following statistics regarding the Virginia Performs – Customer Satisfaction Survey Results:

- Q3 2017 – 100%
- Q4 2017 – 98.9%
- Q1 2018 – 97.3%
- Q2 2018 – 100%
- Q3 2018 – 86.8%
- Q4 2018 – 100%
- Q1 2019 – 97.2%

Ms. Tillman Wolf announced that the customer satisfaction statistics from the FSBPT show that Virginia's statistics are above the national average at 93.7%.

The remaining Board meeting dates for 2019 are:

- May 16, 2019 – 9:30 a.m.
- August 13, 2019 – 9:30 a.m.
- November 12, 2019 – 9:30 a.m.

Ms. Tillman Wolf provided reminders to the Board members changes in contact information. Ms. Tillman Wolf explained the new process for obtaining continuing education credit for attendance of Board meetings.

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

Discipline Report – Lynne Helmick, Deputy Executive Director

As of February 1, 2019, Ms. Helmick reported the following disciplinary statistics:

- 43 total cases
    - 4 in Administrative Proceedings Division

- 3 in Formal Hearing
- 4 in Informal Conferences
- 18 in Investigation
- 14 in Probable Cause (6 are ready for Board member review)
- 9 in Compliance

Ms. Helmick reported the following Virginia Performs statistics for Q4 2018:

- Clearance Rate – 88% Received 8 patient cases and closed 7 cases
- Cases older than 1 year – 23% which represents 8 cases

Ms. Helmick reported the following Total Cases Received and Closed:

- Q1 2017 – 8/4
- Q2 2017 – 9/9
- Q3 2017 – 7/5
- Q4 2017 – 21/9
- Q1 2018 – 6/10
- Q2 2018 – 15/7
- Q3 2018 – 9/2
- Q4 2018 – 4/4
- Q1 2019 – 13/15

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

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett updated the Board members on the status of *Myer v. Northam, et al.*

COMMITTEE AND BOARD MEMBER REPORTS

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

Dr. Jones stated that the Board of Health Professions met on December 4, 2018. He noted that the meeting minutes from the meeting were included in the agenda packet.

BOARD TRAINING

Ms. Barrett provided a presentation on the Disciplinary Process.

BREAK

The Board took a break at 10:55 a.m. and returned at 11:09 a.m.

AGENCY REPORT – Dr. David Brown, DC, DHP Director

Dr. Brown provided a brief summary of the General Assembly bills that could affect the agency in 2019. He also reported on the progress of a new DHP website which will make information easy to find and will be user friendly for licensees and applicants.

LEGISLATION AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

Report on Regulatory Actions

Ms. Yeatts provided a brief overview of the status of the current regulations and bills at the Secretary's office.

Update on Legislation for Physical Therapy Licensure Compact

Ms. Yeatts provided a brief status update on the legislation for Physical Therapy Licensure Compact.

Response to Petition for Rulemaking (Curley)

Ms. Yeatts provided a brief overview of a Petition for Rulemaking that was submitted to the Board. The Board discussed the petition. Ms. Yeatts stated that the Board had three options: to deny the petition, to initiate rulemaking, or to include consideration of the request as a possible change in the NOIRA resulting from the Periodic Review.

Upon a **MOTION** by Dr. Adler, and properly seconded by Dr. Mariano, the Board voted to add the proposed change to the NOIRA for consideration as part of the periodic review process.

Per the request of Dr. Dailey, Ms. Yeatts paused her report to allow Dr. Adler to provide Board members the report of the Legislative/Regulatory Committee, which made recommendations for the periodic review of the Board's regulations.

Legislative/Regulatory Committee Report – Tracey Adler, PT, DPT

Dr. Adler stated that the draft minutes were provided for the Board members and public to review.

LEGISLATION AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst (continued)

Review Recommendations from Legislative/Regulatory Committee

Ms. Yeatts provided an overview of the changes recommended by the Legislative/Regulatory Committee.

Following Board member discussion, the Board requested to include an additional amendment to 18VAC120-20-100(A) to read "A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's ~~supervision or direction~~ *direct supervision*."

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Adler, the Board voted to adopt a NOIRA with the changes recommended by the Legislative/Regulatory Committee meeting from the Periodic Review of the Regulations (18VAC120-20-10 et seq.) and with the amendment discussed. The motion passed unanimously.

Revisions to Guidance Document 112-10

Ms. Tillman Wolf noted that the Legislative/Regulatory Committee did not make any changes to the Guidance document and no revisions were required.

CONSIDERATION OF PROPOSED CONSENT ORDER (CLOSED SESSION)

Upon a **MOTION** by Dr. Locke, which was properly seconded by Dr. Jones, the Board convened in a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of consideration of a settlement proposal in a pending disciplinary action. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Helmick, Ms. Georgen, Ms. Pearson, and Ms. Mueller attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its consideration of this topic.

Upon a **MOTION**, Dr. Locke moved to reopen the meeting and certified that the matters discussed or considered only public business matters lawfully exempted from open meeting requirements, under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Upon a **MOTION** by Dr. Jones, and properly seconded by Ms. Palmer, the Board accepted the consent order of Paul Choi, PT. The motion was unanimous.

BOARD TRAINING

Ms. Tillman Wolf provided a video on Probable Cause.

NEXT MEETING

The next meeting date is May 16, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:29 p.m.

_____	_____
Arkena L. Dailey, PT, DPT, President	Corie Tillman Wolf, J.D., Executive Director
_____	_____
Date	Date

Unapproved

VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

February 19, 2019	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	A Special Conference Committee of the Board was called to order at 1:08 p.m.
MEMBERS PRESENT:	Elizabeth Locke, PT, PhD, Chair Tracey Adler, PT, DPT
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director Angela Pearson, Discipline Manager Mkyl Egan, Adjudication Specialist
MATTER:	**Robert Joseph Maroon, PT** Case # 178869
DISCUSSION:	Mr. Maroon appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated January 17, 2019. Mr. Maroon was present and was represented by Mary Beth Sherwin, Esquire. The Committee fully discussed the allegations as referenced in the January 17, 2019, Notice of Informal Conference.
CLOSED SESSION:	Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, 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 Robert Maroon, PT. Additionally, she moved that Mr. Egan, Ms. Tillman Wolf and Ms. Pearson attend the closed meeting because their presence in the closed meeting was

deemed necessary and would aid the Committee in its discussions.

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.

DECISION: Upon a motion by Dr. Adler and duly seconded by Dr. Locke, the Committee voted to issue a reprimand, order a monetary penalty of $2,000 and order completion of 6 hours of face to face continuing education, with 3 hours in Documentation and Communication and 3 hours in Patient Evaluation and Reassessment.

The motion carried.

ADJOURNMENT: The Committee adjourned at 3:47 p.m.

Elizabeth Locke, PT, PhD, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date

Unapproved

VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

March 25, 2019	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 10:05 a.m.

MEMBERS PRESENT: Elizabeth Locke, PT, PhD, Chair
Tracey Adler, PT, DPT

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Angela Pearson, Discipline Manager
Jess Kelley, Adjudication Specialist

MATTER: **Jenna Leigh Bowman, PTA**
License #2306603145
Case #180801

DISCUSSION: Ms. Bowman appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated January 15, 2019. Ms. Bowman was present and was represented by Margaret Hardy, Esquire.

The Committee fully discussed the allegations as referenced in the January 15, 2019, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, 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 Jenna Leigh Bowman, PTA. Additionally, she moved that Ms. Kelley, Ms. Helmick and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed

necessary and would aid the Committee in its discussions.

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.

DECISION: Upon a motion by Dr. Adler and duly seconded by Dr. Locke, the Committee voted to dismiss the case. The motion carried.

ADJOURNMENT: The Committee adjourned at 10:25 a.m.

_____ _____

Elizabeth Locke, PT, PhD, Chair Corie Tillman Wolf, JD, Executive Director

_____ _____

Date Date

Unapproved

VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

March 25, 2019	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 11:02 a.m.

MEMBERS PRESENT: Elizabeth Locke, PT, PhD, Chair
Tracey Adler, PT, DPT

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Angela Pearson, Discipline Manager
Jess Kelley, Adjudication Specialist

OTHERS PRESENT: Robert A. Stickle

MATTER: **Shane M. Stickle, PTA**
License #2306603484
Case #181159

DISCUSSION: Mr. Stickle appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated February 14, 2019.

The Committee fully discussed the allegations as referenced in the February 14, 2019, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, 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 Shane Stickle, PTA. Additionally, she moved that Ms. Kelley, Ms. Helmick and Ms. Pearson attend the closed meeting because their presence in the closed meeting was

deemed necessary and would aid the Committee in its discussions.

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.

DECISION: Upon a motion by Dr. Adler and duly seconded by Dr. Locke, the Committee voted and ordered Mr. Stickle, licensee, to be placed on probation with terms including completion of continuing education hours and a monetary penalty. The motion carried.

ADJOURNMENT: The Committee adjourned at 12:48 p.m.

_____ _____

Elizabeth Locke, PT, PhD, Chair Corie Tillman Wolf, JD, Executive Director

_____ _____

Date Date

Unapproved

VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL CONFERENCE COMMITTEE
MINUTES

March 25, 2019	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 1:21 p.m.

MEMBERS PRESENT: Elizabeth Locke, PT, PhD, Chair
Tracey Adler, PT, DPT

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Angela Pearson, Discipline Manager
Jess Kelley, Adjudication Specialist

MATTER: **Katherine J. Scruggs, PTA**
License #2306001515
Case #184716

DISCUSSION: Ms. Scruggs did not appear before the Committee in accordance with the Board's Notice of Informal Conference, dated February 14, 2019.

By letter dated February 14, 2019, the Board sent a Notice of Informal Conference to Ms. Scruggs notifying her that an informal conference would be held on March 25, 2019. The Notice was sent by certified mail and first class mail to the legal address of record on file with the Board. The Notice sent to Ms. Scruggs via certified mail was returned unclaimed to the Board office on March 11, 2019. Accordingly, the Committee Chair concluded that adequate notice was provided to Ms. Scruggs and the informal conference proceeded in her absence.

The Committee fully discussed the allegations as referenced in the February 14, 2019, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Dr. Adler, and duly seconded by Dr. Locke, 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 Katherine J. Scruggs, PTA. Additionally, she moved that Ms. Kelley, Ms. Helmick and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

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.

DECISION: Upon a motion by Dr. Adler and duly seconded by Dr. Locke, the Committee voted to offer a Consent. The motion carried.

ADJOURNMENT: The Committee adjourned at 1:55 p.m.

_____ _____

Elizabeth Locke, PT, PhD, Chair Corie Tillman Wolf, JD, Executive Director

_____ _____

Date Date

Staff Reports

Virginia Department of Health Professions
Cash Balance
As of March 31, 2019

	116- Physical Therapy
Board Cash Balance as June 30, 2018	$ 1,101,620
YTD FY19 Revenue	1,326,980
Less: YTD FY19 Direct and Allocated Expenditures	468,873
Board Cash Balance as March 31, 2019	1,959,727

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	109,140.00	159,125.00	49,985.00	68.59%
4002406	License & Renewal Fee	1,203,225.00	1,194,470.00	(8,755.00)	100.73%
4002407	Dup. License Certificate Fee	745.00	550.00	(195.00)	135.45%
4002409	Board Endorsement - Out	7,920.00	9,600.00	1,680.00	82.50%
4002421	Monetary Penalty & Late Fees	5,950.00	5,235.00	(715.00)	113.66%
4002432	Misc. Fee (Bad Check Fee)	-	35.00	35.00	0.00%
	Total Fee Revenue	1,326,980.00	1,369,015.00	42,035.00	96.93%
	Total Revenue	1,326,980.00	1,369,015.00	42,035.00	96.93%
5011110	Employer Retirement Contrib.	9,358.74	14,378.00	5,019.26	65.09%
5011120	Fed Old-Age Ins- Sal St Emp	4,965.05	8,135.00	3,169.95	61.03%
5011130	Fed Old-Age Ins- Wage Earners	-	796.00	796.00	0.00%
5011140	Group Insurance	906.71	1,394.00	487.29	65.04%
5011150	Medical/Hospitalization Ins.	24,392.36	43,248.00	18,855.64	56.40%
5011160	Retiree Medical/Hospitalizatn	810.54	1,245.00	434.46	65.10%
5011170	Long term Disability Ins	430.68	660.00	229.32	65.25%
	Total Employee Benefits	40,864.08	69,856.00	28,991.92	58.50%
5011200	Salaries				
5011230	Salaries, Classified	69,772.89	106,340.00	36,567.11	65.61%
5011250	Salaries, Overtime	249.86	-	(249.86)	0.00%
	Total Salaries	70,022.75	106,340.00	36,317.25	65.85%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,000.00	3,250.00	2,250.00	30.77%
5011380	Deferred Compnstn Match Pmts	13.50	960.00	946.50	1.41%
	Total Special Payments	1,013.50	4,210.00	3,196.50	24.07%
5011400	Wages				
5011410	Wages, General	-	15,100.00	15,100.00	0.00%
	Total Wages	-	15,100.00	15,100.00	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	192.38	-	(192.38)	0.00%
5011640	Salaries, Cmp Leave Balances	87.13	-	(87.13)	0.00%
	Total Terminatn Personal Svce Costs	279.51	-	(279.51)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	112,179.84	195,506.00	83,326.16	57.38%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	50.00	50.00	0.00%
5012130	Messenger Services	12.47	-	(12.47)	0.00%
5012140	Postal Services	8,355.26	5,750.00	(2,605.26)	145.31%
5012150	Printing Services	102.44	600.00	497.56	17.07%
5012160	Telecommunications Svcs (VITA)	228.30	1,000.00	771.70	22.83%
5012190	Inbound Freight Services	8.62	-	(8.62)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Communication Services	8,707.09	7,400.00	(1,307.09)	117.66%
5012200	**Employee Development Services**				
5012210	**Organization Memberships**	3,000.00	2,500.00	(500.00)	120.00%
5012240	**Employee Trainng/Workshop/Conf**	-	400.00	400.00	0.00%
	Total Employee Development Services	3,000.00	2,900.00	(100.00)	103.45%
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**	22,173.38	18,000.00	(4,173.38)	123.19%
5012440	**Management Services**	97.10	4,000.00	3,902.90	2.43%
5012460	**Public Infrmtnl & Relatn Svcs**	200.84	-	(200.84)	0.00%
5012470	**Legal Services**	-	300.00	300.00	0.00%
	Total Mgmnt and Informational Svcs	22,471.32	22,300.00	(171.32)	100.77%
5012500	**Repair and Maintenance Svcs**				
5012520	**Electrical Repair & Maint Srvc**	-	25.00	25.00	0.00%
5012530	**Equipment Repair & Maint Srvc**	1,025.67	600.00	(425.67)	170.95%
	Total Repair and Maintenance Svcs	1,025.67	625.00	(400.67)	164.11%
5012600	**Support Services**				
5012630	**Clerical Services**	-	19.00	19.00	0.00%
5012640	**Food & Dietary Services**	381.97	750.00	368.03	50.93%
5012660	**Manual Labor Services**	252.11	700.00	447.89	36.02%
5012670	**Production Services**	1,537.33	2,245.00	707.67	68.48%
5012680	**Skilled Services**	8,481.33	13,000.00	4,518.67	65.24%
	Total Support Services	10,652.74	16,714.00	6,061.26	63.74%
5012800	**Transportation Services**				
5012820	**Travel, Personal Vehicle**	2,321.21	3,500.00	1,178.79	66.32%
5012840	**Travel, State Vehicles**	-	500.00	500.00	0.00%
5012850	**Travel, Subsistence & Lodging**	253.40	1,500.00	1,246.60	16.89%
5012880	**Trvl, Meal Reimb- Not Rprtble**	186.75	300.00	113.25	62.25%
	Total Transportation Services	2,761.36	5,800.00	3,038.64	47.61%
	Total Contractual Svs	48,618.18	56,039.00	7,420.82	86.76%
5013000	**Supplies And Materials**				
5013100	**Administrative Supplies**				
5013120	**Office Supplies**	1,118.20	1,000.00	(118.20)	111.82%
	Total Administrative Supplies	1,118.20	1,000.00	(118.20)	111.82%
5013300	**Manufctrng and Merch Supplies**				
5013350	**Packaging & Shipping Supplies**	-	50.00	50.00	0.00%
	Total Manufctrng and Merch Supplies	-	50.00	50.00	0.00%
5013500	**Repair and Maint. Supplies**				
5013520	**Custodial Repair & Maint Matrl**	2.40	-	(2.40)	0.00%
5013530	**Electrcal Repair & Maint Matrl**	0.69	15.00	14.31	4.60%
	Total Repair and Maint. Supplies	3.09	15.00	11.91	20.60%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	6.41	200.00	193.59	3.21%
5013630	Food Service Supplies	41.93	-	(41.93)	0.00%
5013640	Laundry and Linen Supplies	2.72	-	(2.72)	0.00%
	Total Residential Supplies	51.06	200.00	148.94	25.53%
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	1,172.35	1,275.00	102.65	91.95%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.44	29.00	(9.44)	132.55%
	Total Insurance-Fixed Assets	38.44	29.00	(9.44)	132.55%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.66	-	(3.66)	0.00%
5015350	Building Rentals	3.60	-	(3.60)	0.00%
5015390	Building Rentals - Non State	4,645.06	6,226.00	1,580.94	74.61%
	Total Operating Lease Payments	4,652.32	6,226.00	1,573.68	74.72%
5015500	Insurance-Operations				
5015510	General Liability Insurance	138.09	107.00	(31.09)	129.06%
5015540	Surety Bonds	8.15	7.00	(1.15)	116.43%
	Total Insurance-Operations	146.24	114.00	(32.24)	128.28%
	Total Continuous Charges	4,837.00	6,369.00	1,532.00	75.95%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	60.00	60.00	0.00%
	Total Educational & Cultural Equip	-	60.00	60.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	35.00	35.00	0.00%
	Total Office Equipment	-	35.00	35.00	0.00%
	Total Equipment	-	95.00	95.00	0.00%
	Total Expenditures	166,807.37	259,284.00	92,476.63	64.33%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	82,294.95	104,688.15	22,393.20	78.61%
30100	Data Center	61,734.84	72,856.16	11,121.31	84.74%
30200	Human Resources	5,748.69	14,363.36	8,614.67	40.02%
30300	Finance	38,894.14	64,709.50	25,815.36	60.11%
30400	Director's Office	17,789.19	25,703.22	7,914.03	69.21%
30500	Enforcement	45,345.37	61,158.83	15,813.47	74.14%
30600	Administrative Proceedings	21,599.12	17,173.44	(4,425.68)	125.77%
30700	Impaired Practitioners	679.86	1,650.52	970.66	41.19%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11600 - Physical Therapy

For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30800	Attorney General	4,250.14	12,118.43	7,868.29	35.07%
30900	Board of Health Professions	12,855.79	20,712.64	7,856.85	62.07%
31100	Maintenance and Repairs	7.63	2,069.06	2,061.43	0.37%
31300	Emp. Recognition Program	46.54	318.67	272.14	14.60%
31400	Conference Center	159.75	181.02	21.27	88.25%
31500	Pgm Devlpmnt & Implmentn	10,659.58	15,037.52	4,377.95	70.89%
	Total Allocated Expenditures	302,065.59	412,740.54	110,674.95	73.19%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 858,107.04	$ 696,990.46	$ (161,116.58)	123.12%

From: Nancy R. Kirsch
Sent: Friday, April 26, 2019 11:01 AM
Subject: FSBPT News Flash: Changes in Continuing Competence

fsbpt

Promoting Safety and Competence

News Flash: Changes in Continuing Competence

The Board of Directors are the financial stewards of FSBPT and we routinely review products and services offered to our members with respect to their contribution to public protection and their financial viability. At the recent planning meeting, the board reviewed the five-year financial forecast, the results of the membership survey, and an environmental assessment. While taking this strategic view, we realized that some initiatives that we have undertaken have not achieved broad membership adoption nor financial viability.

One area that we reviewed in depth was continuing competence. As discussed at the Leadership Issues Forum in 2018, emerging and expanding research is focusing on a more proactive and non-punitive approach to the maintenance of competence. With this, the FSBPT Continuing Competence Committee has philosophically pivoted its focus towards a model of risks and supports. Our existing tools—aPTitude, oPTion, and ProCert—do not fit well with where we believe continuing competence is heading. In addition, although aPTitude, oPTion, and ProCert are high-quality continuing competence tools, they are no longer financially viable for FSBPT.

In light of the financial forecast, the shift in continuing competence philosophy, and the fact that the membership survey indicated that these three products were not as highly valued by our membership, the Board of Directors determined that it was best to discontinue these three products. We would rather focus our resources on areas that members have indicated are of high value to them—the examination program, the ELDD (Exam, Licensure and Disciplinary Database), member educational programming, foreign-educated PT resources, and launching the PT Compact.

Through separate communications, FSBPT is working with stakeholders, such as ProCert vendors, aPTitude licensee users, and member boards that required licensees to report continuing competence compliance through aPTitude. We will be working with our jurisdictions and other stakeholders to assist in the transition to other potential options and

approaches. Additional details about the specific timing for elimination of aPTitude, oPTion, and ProCert will be announced in a separate News Flash.

While the board has made the decision to eliminate these three services, we do not feel that this endeavor was a failure. Meaningful progress was made related to continuing competence and the dialogue we've had with our member boards will help as we move in a new direction. We exist to provide service and leadership to our member boards in support of their public protection missions and it is important that we carefully and continuously consider how best to use our resources and focus on our mission.

Please direct any questions to communications@fsbpt.org.

Sincerely,

Nancy R. Kirsch
President
FSBPT Board of Directors

703-299-3100 | www.fsbpt.org

Committee and Board Member Reports

In Attendance	Lisette P. Carbajal, MPA, Citizen Member
	Helene D. Clayton-Jeter, OD, Board of Optometry
	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Mark Johnson, DVM, Board of Veterinary Medicine
	Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
	Louis R. Jones, FSL, Board of Funeral Directors and Embalmers
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
	Ryan Logan, RPh, Board of Pharmacy
	Trula E. Minton, MS, RN, Board of Nursing
	Kevin O'Connor, MD, Board of Medicine
	Maribel Ramos, Citizen Member
	John M. Salay, MSW, LCSW, Board of Social Work
	Herb Stewart, PhD, Board of Psychology
	James D. Watkins, DDS, Board of Dentistry
	James Wells, RPh, Citizen Member
Absent	Martha S. Rackets, PhD, Citizen Member
DHP Staff	Barbara Allison-Bryan, MD
	David Brown, DC, Director DHP
	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Laura L. Jackson, MSHSA, Operations Manager BHP
	Charise Mitchel, OAG
	Yetty Shobo, PhD, Deputy Executive Director BHP
	Elaine Yeatts, Senior Policy Analyst DHP
Speakers	No speakers signed-in
Observers	Jerry Gentile, DPB
	W. Scott Johnson, Hancock Daniel
	Jaime Hoyle, JD, Executive Director for the Behavioral Sciences Boards
	Corie Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long Term Care and Physical Therapy

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:01 a.m.

Quorum Established

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The meeting minutes from the August 23, 2018 and December 4, 2018 Full Board were approved. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

- Dr. Brown reported that a bill to reinstate staggering board member terms passed. This helps to prevent loss of experience is not lost at one time. This bill allows for a one-time fix.
- Music therapists passed over the sunrise review process and went straight to the General Assembly initiating a bill for the Board of Medicine to provide title protection and registration. He stated that the Board of Health Professions would be receiving a letter requesting a study to be completed by November 2019.
- Four telemedicine bills are in the process of review. DHP is to convene a workgroup to discuss the issues driving these requests.
- Delegate Tran requested that DHP review the need for Virginia to utilize foreign-trained providers. A workforce advisory panel will be convened to review this.
- Cannabidiol oil is under review for further regulation.
- The Board of Nursing website has been redesigned. It will be user friendly both internally and externally. It is no longer HTML based, allowing board staff to make their own changes.

Welcome of New Board Members

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton Jeter welcomed three new board members:

- Louis R. Jones, Board of Funeral Directors & Embalmers
- Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech Language Pathology
- John M. Salay, MSW, Board of Social Work

All board members provided a brief introduction of themselves.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly.

Public Comment

Discussion

There was no public comment

Board Chair Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter read the agencies Mission statement and stressed that it is each board members job to serve and protect the public.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Agency Performance

Dr. Carter stated that it is becoming very difficult for some boards to close cases in the 250 days allotted as they are inundated with an increasing number of cases. This process is currently under review.

New Staff Member

Dr. Carter introduced Rajana Siva as the Board's new Data Analyst.

Board Policies & Procedures

After discussion, a motion was made to approve the Policies & Procedures as provided. Motion was approved and properly seconded. All members in favor, none opposed.

Board Mission Statement

After discussion, a motion was made to move discussion of the boards' mission statement to the May 14, 2019 meeting. All members in favor, none opposed.

Board Bylaws

After discussion, a motion was made to approve the boards Bylaws as provided. On properly seconded motion, the Bylaws were approved unchanged.

Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation. Attachment 1

- **Lunch break – 11:50 a.m.**
- **Meeting resumed at 12:01 p.m.**

Board Reports

Presenter Dr. Clayton-Jeter

- **Board of Psychology**
  Dr. Stewart provided an overview of the Board since the last meeting. Attachment 2
- **Board of Counseling**
  Dr. Doyle provided an overview of the Board since the last meeting. Attachment 3
- **Board of Veterinary Medicine**
  Dr. Johnson provided an overview of the Board since the last meeting. Attachment 4
- **Board of Social Work**
  Mr. Salay provided an overview of the Board since the last meeting. Attachment 5
- **Board of Pharmacy**
  - Mr. Logan provided an overview of the Board since the last meeting. He stated that the Board completed its review of guidance documents that have not been reviewed or re-adopted in the past 4 years.
  - The Board selected five of the 71 pharmaceutical processor applications received. These processors must be operational by December 2019.
  - The Board worked in collaboration with the Board of Medicine on the NP and PA legislation.
  - An agent must be assigned to receive oils.
- **Board of Nursing**
  - Ms. Minton stated that the Board is very excited about the new website. It will improve office staff efficiency and be more user friendly for the public.
  - HB 793 allows nurse practitioners to practice autonomously with 4,000 NP in Virginia.
  - The Board is working on updating guidance documents.
  - Ms. Saxby is retiring April 1, 2019. A search for her replacement is underway.

- **Board of Medicine**
  - The Board passed approved and passed NP autonomous practice.
  - The Board provided CME for licensees who attended training on prescribing and tapering of opioids.
  - The Board is currently collaborating with the Board of Pharmacy on compounding.
  - Dr. O'Connor stated that complaints are up due to the new "File A Complaint" button on the website
- **Board of Funeral Directors and Embalmers**

  Mr. Jones provided an overview of the Board since the last meeting. Attachment 6
- **Board of Optometry**

  Dr. Clayton-Jeter provided an overview of the Board since the last meeting. Attachment 7
- **Board of Physical Therapy**

  Dr. Jones, Jr. provided an overview of the Board since the last meeting. Attachment 8
- **Board of Audiology & Speech-Language Pathology**

  Dr. King provided an overview of the Board since the last meeting. Attachment 9
- **Board of Dentistry**

  Dr. Watkins provided an overview of the Board since the last meeting. Attachment 10
- **Board of Long Term Care Administrators**

  Dr. Carter provided an overview on behalf of Mr. Kendall. Attachment 11

Election of Officers - Nominating Committee

Presenter Dr. Johnson

Discussion

The Nominating Committee met prior to the December 4, 2018 Full Board meeting to organize a slate of officers. Dr. Johnson stated that Dr. Allen Jones, Jr., submitted interest in the Chair position and James Wells, RPh, submitted interest in the Vice Chair position. Nominations were open to the floor. With no additional nominations the Board elected by verbal vote Dr. Allen Jones, Jr. as Chair and James Wells as Vice Chair. All members were in favor, none opposed.

New Business

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter asked Ms. Jackson to review the status of the Boards committees. After discussion, Dr. Clayton-Jeter asked interested board members to email Ms. Jackson if they are interested in filling a vacant seat on a committee. Ms. Jackson will notify new board Chair, Dr. Jones, Jr., of individuals interested in serving.

May 14, 2019 Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as May 14, 2019.

Adjourned

Adjourned 1:02 p.m.

Chair Allen Jones, Jr.

Signature: _____ Date: _____/_____/_____

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

Signature: _____ Date: _____/_____/_____

Board of Health Professions minutes attachments can be found at https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

Legislation and Regulatory Actions

HB 1952 Patient care teams; podiatrists and physician assistants.
Chief patron: Campbell, J.L.
Summary as passed House:
Patient care team podiatrist definition; physician assistant supervision requirements. Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to SB 1209.

HB 1971 Health professions and facilities; adverse action in another jurisdiction.
Chief patron: Stolle
Summary as introduced:
Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.
Chief patron: Pillion
Summary as passed:
Drug Control Act; Schedule V; gabapentin. Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within six months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.
Chief patron: Peake
Summary as introduced:
Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact. Authorizes Virginia to become a signatory to the Physical Therapy

Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January 1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.
Chief patron: Dunnavant
Summary as passed:
Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors. Authorizes licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol. The bill requires the Secretary of Health and Human Resources and the Secretary of Agriculture and Forestry to convene a work group to review and recommend an appropriate structure for an oversight organization in Virginia and report its findings and recommendations to the Chairmen of the Senate Committees on Agriculture, Conservation and Natural Resources and Education and Health and the House Committees on Agriculture, Chesapeake and Natural Resources and Health, Welfare and Institutions by November 1, 2019.

CHAPTER 300

An Act to amend and reenact §§ 2.2-3705.7 and 54.1-2400.2 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 34.1 of Title 54.1 a section numbered 54.1-3484 and an article numbered 2, consisting of sections numbered 54.1-3485 through 54.1-3496, relating to the licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact.

[S 1106]

Approved March 8, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-3705.7 and 54.1-2400.2 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 34.1 of Title 54.1 a section numbered 54.1-3484 and an article numbered 2, consisting of sections numbered 54.1-3485 through 54.1-3496, as follows:

§ 2.2-3705.7. Exclusions to application of chapter; records of specific public bodies and certain other limited exclusions.

The following information contained in a public record is excluded from the mandatory disclosure provisions of this chapter but may be disclosed by the custodian in his discretion, except where such disclosure is prohibited by law. Redaction of information excluded under this section from a public record shall be conducted in accordance with § 2.2-3704.01.

1. State income, business, and estate tax returns, personal property tax returns, and confidential records held pursuant to § 58.1-3.

2. Working papers and correspondence of the Office of the Governor, the Lieutenant Governor, or the Attorney General; the members of the General Assembly, the Division of Legislative Services, or the Clerks of the House of Delegates or the Senate of Virginia; the mayor or chief executive officer of any political subdivision of the Commonwealth; or the president or other chief executive officer of any public institution of higher education in the Commonwealth. However, no information that is otherwise open to inspection under this chapter shall be deemed excluded by virtue of the fact that it has been attached to or incorporated within any working paper or correspondence. Further, information publicly available or not otherwise subject to an exclusion under this chapter or other provision of law that has been aggregated, combined, or changed in format without substantive analysis or revision shall not be deemed working papers. Nothing in this subdivision shall be construed to authorize the withholding of any resumes or applications submitted by persons who are appointed by the Governor pursuant to § 2.2-106 or 2.2-107.

As used in this subdivision:

"Members of the General Assembly" means each member of the Senate of Virginia and the House of Delegates and their legislative aides when working on behalf of such member.

"Office of the Governor" means the Governor; the Governor's chief of staff, counsel, director of policy, and Cabinet Secretaries; the Assistant to the Governor for Intergovernmental Affairs; and those individuals to whom the Governor has delegated his authority pursuant to § 2.2-104.

"Working papers" means those records prepared by or for a public official identified in this subdivision for his personal or deliberative use.

3. Information contained in library records that can be used to identify (i) both (a) any library patron who has borrowed material from a library and (b) the material such patron borrowed or (ii) any library patron under 18 years of age. For the purposes of clause (ii), access shall not be denied to the parent, including a noncustodial parent, or guardian of such library patron.

4. Contract cost estimates prepared for the confidential use of the Department of Transportation in awarding contracts for construction or the purchase of goods or services, and records and automated systems prepared for the Department's Bid Analysis and Monitoring Program.

5. Lists of registered owners of bonds issued by a political subdivision of the Commonwealth, whether the lists are maintained by the political subdivision itself or by a single fiduciary designated by the political subdivision.

6. Information furnished by a member of the General Assembly to a meeting of a standing committee, special committee, or subcommittee of his house established solely for the purpose of reviewing members' annual disclosure statements and supporting materials filed under § 30-110 or of formulating advisory opinions to members on standards of conduct, or both.

7. Customer account information of a public utility affiliated with a political subdivision of the Commonwealth, including the customer's name and service address, but excluding the amount of utility service provided and the amount of money charged or paid for such utility service.

8. Personal information, as defined in § 2.2-3801, (i) filed with the Virginia Housing Development Authority concerning individuals who have applied for or received loans or other housing assistance or who have applied for occupancy of or have occupied housing financed, owned or otherwise assisted by the Virginia Housing Development Authority; (ii) concerning persons participating in or persons on the waiting list for federally funded rent-assistance programs; (iii) filed with any local redevelopment and housing authority created pursuant to § 36-4 concerning persons participating in or persons on the waiting list for housing assistance programs funded by local governments or by any such authority; or (iv) filed with any local redevelopment and housing authority created pursuant to § 36-4 or any other local government agency concerning persons who have applied for occupancy or who have occupied affordable dwelling units established pursuant to § 15.2-2304 or 15.2-2305. However, access to one's own information shall not be denied.

9. Information regarding the siting of hazardous waste facilities, except as provided in § 10.1-1441, if disclosure of such information would have a detrimental effect upon the negotiating position of a governing body or on the establishment of the terms, conditions, and provisions of the siting agreement.

10. Information on the site-specific location of rare, threatened, endangered, or otherwise imperiled plant and animal species, natural communities, caves, and significant historic and archaeological sites if, in the opinion of the public body that has the responsibility for such information, disclosure of the information would jeopardize the continued existence or the integrity of the resource. This exclusion shall not apply to requests from the owner of the land upon which the resource is located.

11. Memoranda, graphics, video or audio tapes, production models, data, and information of a proprietary nature produced by or for or collected by or for the Virginia Lottery relating to matters of a specific lottery game design, development, production, operation, ticket price, prize structure, manner of selecting the winning ticket, manner of payment of prizes to holders of winning tickets, frequency of drawings or selections of winning tickets, odds of winning, advertising, or marketing, where such information not been publicly released, published, copyrighted, or patented. Whether released, published, or copyrighted, all game-related information shall be subject to public disclosure under this chapter upon the first day of sales for the specific lottery game to which it pertains.

12. Information held by the Virginia Retirement System, acting pursuant to § 51.1-124.30, or a local retirement system, acting pursuant to § 51.1-803, or by a local finance board or board of trustees of a trust established by one or more local public bodies to invest funds for post-retirement benefits other than pensions, acting pursuant to Article 8 (§ 15.2-1544 et seq.) of Chapter 15 of Title 15.2, or by the board of visitors of the University of Virginia, acting pursuant to § 23.1-2210, or by the board of visitors of The College of William and Mary in Virginia, acting pursuant to § 23.1-2803, or by the Virginia College Savings Plan, acting pursuant to § 23.1-704, relating to the acquisition, holding, or disposition of a security or other ownership interest in an entity, where such security or ownership interest is not traded on a governmentally regulated securities exchange, if disclosure of such information would (i) reveal confidential analyses prepared for the board of visitors of the University of Virginia, prepared for the board of visitors of The College of William and Mary in Virginia, prepared by the retirement system, a local finance board or board of trustees, or the Virginia College Savings Plan, or provided to the retirement system, a local finance board or board of trustees, or the Virginia College Savings Plan under a promise of confidentiality of the future value of such ownership interest or the future financial performance of the entity and (ii) have an adverse effect on the value of the investment to be acquired, held, or disposed of by the retirement system, a local finance board or board of trustees, the board of visitors of the University of Virginia, the board of visitors of The College of William and Mary in Virginia, or the Virginia College Savings Plan. Nothing in this subdivision shall be construed to prevent the disclosure of information relating to the identity of any investment held, the amount invested, or the present value of such investment.

13. Financial, medical, rehabilitative, and other personal information concerning applicants for or recipients of loan funds submitted to or maintained by the Assistive Technology Loan Fund Authority under Chapter 11 (§ 51.5-53 et seq.) of Title 51.5.

14. Information held by the Virginia Commonwealth University Health System Authority pertaining to any of the following: an individual's qualifications for or continued membership on its medical or teaching staffs; proprietary information gathered by or in the possession of the Authority from third parties pursuant to a promise of confidentiality; contract cost estimates prepared for confidential use in awarding contracts for construction or the purchase of goods or services; information of a proprietary nature produced or collected by or for the Authority or members of its medical or teaching staffs; financial statements not publicly available that may be filed with the Authority from third parties; the identity, accounts, or account status of any customer of the Authority; consulting or other reports paid for by the Authority to assist the Authority in connection with its strategic planning and goals; the determination of marketing and operational strategies where disclosure of such strategies would be harmful to the competitive position of the Authority; and information of a proprietary nature produced or collected by or for employees of the Authority, other than the Authority's financial or administrative records, in the conduct of or as a result of study or research on medical, scientific, technical, or scholarly issues, whether sponsored by the Authority alone or in conjunction with a governmental body

or a private concern, when such information has not been publicly released, published, copyrighted, or patented. This exclusion shall also apply when such information is in the possession of Virginia Commonwealth University.

15. Information held by the Department of Environmental Quality, the State Water Control Board, the State Air Pollution Control Board, or the Virginia Waste Management Board relating to (i) active federal environmental enforcement actions that are considered confidential under federal law and (ii) enforcement strategies, including proposed sanctions for enforcement actions. Upon request, such information shall be disclosed after a proposed sanction resulting from the investigation has been proposed to the director of the agency. This subdivision shall not be construed to prevent the disclosure of information related to inspection reports, notices of violation, and documents detailing the nature of any environmental contamination that may have occurred or similar documents.

16. Information related to the operation of toll facilities that identifies an individual, vehicle, or travel itinerary, including vehicle identification data or vehicle enforcement system information; video or photographic images; Social Security or other identification numbers appearing on driver's licenses; credit card or bank account data; home addresses; phone numbers; or records of the date or time of toll facility use.

17. Information held by the Virginia Lottery pertaining to (i) the social security number, tax identification number, state sales tax number, home address and telephone number, personal and lottery banking account and transit numbers of a retailer, and financial information regarding the nonlottery operations of specific retail locations and (ii) individual lottery winners, except that a winner's name, hometown, and amount won shall be disclosed.

18. Information held by the Board for Branch Pilots relating to the chemical or drug testing of a person regulated by the Board, where such person has tested negative or has not been the subject of a disciplinary action by the Board for a positive test result.

19. Information pertaining to the planning, scheduling, and performance of examinations of holder records pursuant to the Uniform Disposition of Unclaimed Property Act (§ 55-210.1 et seq.) prepared by or for the State Treasurer or his agents or employees or persons employed to perform an audit or examination of holder records.

20. Information held by the Virginia Department of Emergency Management or a local governing body relating to citizen emergency response teams established pursuant to an ordinance of a local governing body that reveal the name, address, including e-mail address, telephone or pager numbers, or operating schedule of an individual participant in the program.

21. Information held by state or local park and recreation departments and local and regional park authorities concerning identifiable individuals under the age of 18 years. However, nothing in this subdivision shall operate to prevent the disclosure of information defined as directory information under regulations implementing the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, unless the public body has undertaken the parental notification and opt-out requirements provided by such regulations. Access shall not be denied to the parent, including a noncustodial parent, or guardian of such person, unless the parent's parental rights have been terminated or a court of competent jurisdiction has restricted or denied such access. For such information of persons who are emancipated, the right of access may be asserted by the subject thereof. Any parent or emancipated person who is the subject of the information may waive, in writing, the protections afforded by this subdivision. If the protections are so waived, the public body shall open such information for inspection and copying.

22. Information submitted for inclusion in the Statewide Alert Network administered by the Department of Emergency Management that reveal names, physical addresses, email addresses, computer or internet protocol information, telephone numbers, pager numbers, other wireless or portable communications device information, or operating schedules of individuals or agencies, where the release of such information would compromise the security of the Statewide Alert Network or individuals participating in the Statewide Alert Network.

23. Information held by the Judicial Inquiry and Review Commission made confidential by § 17.1-913.

24. Information held by the Virginia Retirement System acting pursuant to § 51.1-124.30, a local retirement system acting pursuant to § 51.1-803 (hereinafter collectively referred to as the retirement system), or the Virginia College Savings Plan, acting pursuant to § 23.1-704 relating to:

a. Internal deliberations of or decisions by the retirement system or the Virginia College Savings Plan on the pursuit of particular investment strategies, or the selection or termination of investment managers, prior to the execution of such investment strategies or the selection or termination of such managers, if disclosure of such information would have an adverse impact on the financial interest of the retirement system or the Virginia College Savings Plan; and

b. Trade secrets, as defined in the Uniform Trade Secrets Act (§ 59.1-336 et seq.), provided by a private entity to the retirement system or the Virginia College Savings Plan if disclosure of such records would have an adverse impact on the financial interest of the retirement system or the Virginia College Savings Plan.

For the records specified in subdivision b to be excluded from the provisions of this chapter, the

entity shall make a written request to the retirement system or the Virginia College Savings Plan:

(1) Invoking such exclusion prior to or upon submission of the data or other materials for which protection from disclosure is sought;

(2) Identifying with specificity the data or other materials for which protection is sought; and

(3) Stating the reasons why protection is necessary.

The retirement system or the Virginia College Savings Plan shall determine whether the requested exclusion from disclosure meets the requirements set forth in subdivision b.

Nothing in this subdivision shall be construed to prevent the disclosure of the identity or amount of any investment held or the present value and performance of all asset classes and subclasses.

25. Information held by the Department of Corrections made confidential by § 53.1-233.

26. Information maintained by the Department of the Treasury or participants in the Local Government Investment Pool (§ 2.2-4600 et seq.) and required to be provided by such participants to the Department to establish accounts in accordance with § 2.2-4602.

27. Personal information, as defined in § 2.2-3801, contained in the Veterans Care Center Resident Trust Funds concerning residents or patients of the Department of Veterans Services Care Centers, except that access shall not be denied to the person who is the subject of the information.

28. Information maintained in connection with fundraising activities by the Veterans Services Foundation pursuant to § 2.2-2716 that reveal the address, electronic mail address, facsimile or telephone number, social security number or other identification number appearing on a driver's license, or credit card or bank account data of identifiable donors, except that access shall not be denied to the person who is the subject of the information. Nothing in this subdivision, however, shall be construed to prevent the disclosure of information relating to the amount, date, purpose, and terms of the pledge or donation or the identity of the donor, unless the donor has requested anonymity in connection with or as a condition of making a pledge or donation. The exclusion provided by this subdivision shall not apply to protect from disclosure (i) the identities of sponsors providing grants to or contracting with the foundation for the performance of services or other work or (ii) the terms and conditions of such grants or contracts.

29. Information prepared for and utilized by the Commonwealth's Attorneys' Services Council in the training of state prosecutors or law-enforcement personnel, where such information is not otherwise available to the public and the disclosure of such information would reveal confidential strategies, methods, or procedures to be employed in law-enforcement activities or materials created for the investigation and prosecution of a criminal case.

30. Information provided to the Department of Aviation by other entities of the Commonwealth in connection with the operation of aircraft where the information would not be subject to disclosure by the entity providing the information. The entity providing the information to the Department of Aviation shall identify the specific information to be protected and the applicable provision of this chapter that excludes the information from mandatory disclosure.

31. Information created or maintained by or on the behalf of the judicial performance evaluation program related to an evaluation of any individual justice or judge made confidential by § 17.1-100.

32. Information reflecting the substance of meetings in which (i) individual sexual assault cases are discussed by any sexual assault team established pursuant to § 15.2-1627.4 or (ii) individual child abuse or neglect cases or sex offenses involving a child are discussed by multidisciplinary child abuse teams established pursuant to § 15.2-1627.5. The findings of any such team may be disclosed or published in statistical or other aggregated form that does not disclose the identity of specific individuals.

33. Information contained in the strategic plan, marketing plan, or operational plan prepared by the Virginia Economic Development Partnership Authority pursuant to § 2.2-2237.1 regarding target companies, specific allocation of resources and staff for marketing activities, and specific marketing activities that would reveal to the Commonwealth's competitors for economic development projects the strategies intended to be deployed by the Commonwealth, thereby adversely affecting the financial interest of the Commonwealth. The executive summaries of the strategic plan, marketing plan, and operational plan shall not be redacted or withheld pursuant to this subdivision.

34. Information discussed in a closed session of the Physical Therapy Compact Commission or the Executive Board or other committees of the Commission for purposes set forth in subsection E of § 54.1-3491.

§ 54.1-2400.2. Confidentiality of information obtained during an investigation or disciplinary proceeding; penalty.

A. Any reports, information or records received and maintained by the Department of Health Professions or any health regulatory board in connection with possible disciplinary proceedings, including any material received or developed by a board during an investigation or proceeding, shall be strictly confidential. The Department of Health Professions or a board may only disclose such confidential information:

1. In a disciplinary proceeding before a board or in any subsequent trial or appeal of an action or order, or to the respondent in entering into a confidential consent agreement under § 54.1-2400;

2. To regulatory authorities concerned with granting, limiting or denying licenses, certificates or

registrations to practice a health profession, including the coordinated licensure information system, as defined in § 54.1-3040.2 *and the data system as set forth in § 54.1-3492*;

3. To hospital committees concerned with granting, limiting or denying hospital privileges if a final determination regarding a violation has been made;

4. Pursuant to an order of a court of competent jurisdiction for good cause arising from extraordinary circumstances being shown;

5. To qualified personnel for bona fide research or educational purposes, if personally identifiable information relating to any person is first deleted. Such release shall be made pursuant to a written agreement to ensure compliance with this section; or

6. To the Health Practitioners' Monitoring Program within the Department of Health Professions in connection with health practitioners who apply to or participate in the Program.

B. In no event shall confidential information received, maintained or developed by the Department of Health Professions or any board, or disclosed by the Department of Health Professions or a board to others, pursuant to this section, be available for discovery or court subpoena or introduced into evidence in any civil action. This section shall not, however, be construed to inhibit an investigation or prosecution under Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2.

C. Any claim of a physician-patient or practitioner-patient privilege shall not prevail in any investigation or proceeding by any health regulatory board acting within the scope of its authority. The disclosure, however, of any information pursuant to this provision shall not be deemed a waiver of such privilege in any other proceeding.

D. This section shall not prohibit the Director of the Department of Health Professions, after consultation with the relevant health regulatory board president or his designee, from disclosing to the Attorney General, or the appropriate attorney for the Commonwealth, investigatory information which indicates a possible violation of any provision of criminal law, including the laws relating to the manufacture, distribution, dispensing, prescribing or administration of drugs, other than drugs classified as Schedule VI drugs and devices, by any individual regulated by any health regulatory board.

E. This section shall not prohibit the Director of the Department of Health Professions from disclosing matters listed in subdivision A 1, A 2, or A 3 of § 54.1-2909; from making the reports of aggregate information and summaries required by § 54.1-2400.3; or from disclosing the information required to be made available to the public pursuant to § 54.1-2910.1.

F. This section shall not prohibit the Director of the Department of Health Professions, following consultation with the relevant health regulatory board president or his designee, from disclosing information about a suspected violation of state or federal law or regulation to other agencies within the Health and Human Resources Secretariat or to federal law-enforcement agencies having jurisdiction over the suspected violation or requesting an inspection or investigation of a licensee by such state or federal agency when the Director has reason to believe that a possible violation of federal or state law has occurred. Such disclosure shall not exceed the minimum information necessary to permit the state or federal agency having jurisdiction over the suspected violation of state or federal law to conduct an inspection or investigation. Disclosures by the Director pursuant to this subsection shall not be limited to requests for inspections or investigations of licensees. Nothing in this subsection shall require the Director to make any disclosure. Nothing in this section shall permit any agency to which the Director makes a disclosure pursuant to this section to re-disclose any information, reports, records, or materials received from the Department.

G. Whenever a complaint or report has been filed about a person licensed, certified, or registered by a health regulatory board, the source and the subject of a complaint or report shall be provided information about the investigative and disciplinary procedures at the Department of Health Professions. Prior to interviewing a licensee who is the subject of a complaint or report, or at the time that the licensee is first notified in writing of the complaint or report, whichever shall occur first, the licensee shall be provided with a copy of the complaint or report and any records or supporting documentation, unless such provision would materially obstruct a criminal or regulatory investigation. If the relevant board concludes that a disciplinary proceeding will not be instituted, the board may send an advisory letter to the person who was the subject of the complaint or report. The relevant board may also inform the source of the complaint or report (i) that an investigation has been conducted, (ii) that the matter was concluded without a disciplinary proceeding, (iii) of the process the board followed in making its determination, and (iv), if appropriate, that an advisory letter from the board has been communicated to the person who was the subject of the complaint or report. In providing such information, the board shall inform the source of the complaint or report that he is subject to the requirements of this section relating to confidentiality and discovery.

H. Orders and notices of the health regulatory boards relating to disciplinary actions, other than confidential exhibits described in subsection K, shall be disclosed. Information on the date and location of any disciplinary proceeding, allegations against the respondent, and the list of statutes and regulations the respondent is alleged to have violated shall be provided to the source of the complaint or report by the relevant board prior to the proceeding. The source shall be notified of the disposition of a disciplinary case.

I. This section shall not prohibit investigative staff authorized under § 54.1-2506 from interviewing fact witnesses, disclosing to fact witnesses the identity of the subject of the complaint or report, or reviewing with fact witnesses any portion of records or other supporting documentation necessary to refresh the fact witnesses' recollection.

J. Any person found guilty of the unlawful disclosure of confidential information possessed by a health regulatory board shall be guilty of a Class 1 misdemeanor.

K. In disciplinary actions in which a practitioner is or may be unable to practice with reasonable skill and safety to patients and the public because of a mental or physical disability, a health regulatory board shall consider whether to disclose and may decide not to disclose in its notice or order the practitioner's health records, as defined in § 32.1-127.1:03, or his health services, as defined in § 32.1-127.1:03. Such information may be considered by the relevant board in a closed hearing in accordance with subdivision A 16 of § 2.2-3711 and included in a confidential exhibit to a notice or order. The public notice or order shall identify, if known, the practitioner's mental or physical disability that is the basis for its determination. In the event that the relevant board, in its discretion, determines that this subsection should apply, information contained in the confidential exhibit shall remain part of the confidential record before the relevant board and is subject to court review under the Administrative Process Act (§ 2.2-4000 et seq.) and to release in accordance with this section.

§ 54.1-3484. Criminal history background checks.

The Board shall require each applicant for licensure as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding the applicant. The cost of fingerprinting and the criminal history record search shall be paid by the applicant.

The Central Criminal Records Exchange shall forward the results of the state and federal criminal history record search to the Board, which shall be a governmental entity. If an applicant is denied licensure because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation and the Central Criminal Records Exchange. The information shall not be disseminated except as provided in this section.

Article 2.

Physical Therapy Licensure Compact.

§ 54.1-3485. Form of compact; declaration of purpose.

A. The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the Physical Therapy Licensure Compact with any and all jurisdictions legally joining therein according to its terms, in the form substantially as follows.

B. The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient is located at the time of the patient encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;

2. Enhance the states' ability to protect the public's health and safety;

3. Encourage the cooperation of member states in regulating multi-state physical therapy practice;

4. Support spouses of relocating military members;

5. Enhance the exchange of licensure, investigative, and disciplinary information between member states; and

6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

§ 54.1-3486. Definitions.

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

"Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. §§ 1209 and 1211.

"Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

"Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.

"Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter.

"Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

"Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.

"Encumbered license" means a license that a physical therapy licensing board has limited in any way.

"Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them, by the Commission.

"Home state" means the member state that is the licensee's primary state of residence.

"Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.

"Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

"Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.

"Member state" means a state that has enacted the Compact.

"Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

"Physical therapist" means an individual who is licensed by a state to practice physical therapy.

"Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.

"Physical therapy," "physical therapy practice," and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist as defined by § 54.1-3473.

"Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

"Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

"Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

"Rule" means a regulation, principle, or directive promulgated by the Commission that has the force of law.

"State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

§ 54.1-3487. State participation in the Compact.

A. To participate in the Compact, a state must:

1. Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in rules;

2. Have a mechanism in place for receiving and investigating complaints about licensees;

3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or of the availability of investigative information regarding a licensee;

4. Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection B of § 54.1-3488;

5. Comply with the rules of the Commission;

6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and

7. Have continuing competence requirements as a condition for license renewal.

B. Upon adoption of this statute, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and shall submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. § 534 and 42 U.S.C. § 14616.

C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

D. Member states may charge a fee for granting a compact privilege.

§ 54.1-3488. Compact privilege.

A. To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:

1. Hold a license in the home state;

2. Have no encumbrance on any state license;

3. Be eligible for a compact privilege in any member state in accordance with subsections D, G, and H;

4. Have not had any adverse action against any license or compact privilege within the previous two years;

5. Notify the Commission that the licensee is seeking the compact privilege within a remote state or remote states;

6. Pay any applicable fees, including any state fee, for the compact privilege;

7. Meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and

8. Report to the Commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of subsection A to maintain the compact privilege in the remote state.

C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and

2. Two years have elapsed from the date of the adverse action.

F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection A to obtain a compact privilege in any remote state.

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

1. The specific period of time for which the compact privilege was removed has ended;

2. All fines have been paid; and

3. Two years have elapsed from the date of the adverse action.

H. Once the requirements of subsection G have been met, the licensee must meet the requirements in subsection A to obtain a compact privilege in a remote state.

§ 54.1-3489. Active duty military personnel or their spouses.

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

1. Home of record;

2. Permanent Change of Station (PCS); or

3. State of current residence if it is different from the PCS state or home of record.

§ 54.1-3490. Adverse actions.

A. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in subsection D of § 54.1-3488 against a licensee's compact privilege in the state;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. Joint investigations.

1. In addition to the authority granted to a member state by its respective physical therapy practice

act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

§ 54.1-3491. Establishment of the Physical Therapy Compact Commission.

A. The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.

1. The Commission is an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent that it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting, and meetings.

1. Each member state shall have and be limited to one delegate selected by that member state's licensing board.

2. The delegate shall be a current member of the licensing board who is a physical therapist, a physical therapist assistant, a public member, or the board administrator.

3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

4. The member state board shall fill any vacancy occurring in the Commission.

5. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;

2. Establish bylaws;

3. Maintain its financial records in accordance with the bylaws;

4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

9. Hire employees, elect or appoint officers, fix compensation, define duties, and grant such individuals appropriate authority to carry out the purposes of the Compact and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and receive, utilize and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

11. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use any property, real, personal or mixed, provided that at all times the Commission shall avoid any appearance of impropriety;

12. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

13. Establish a budget and make expenditures;

14. Borrow money;

15. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives and such other interested persons as may be designated in this Compact and the bylaws;

16. Provide and receive information from, and cooperate with, law-enforcement agencies;

17. Establish and elect an Executive Board; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.

D. The Executive Board.

The Executive Board shall have the power to act on behalf of the Commission according to the terms

of this Compact.

1. The Executive Board shall be composed of nine members as follows:

a. Seven voting members who are elected by the Commission from the current membership of the Commission;

b. One ex officio, nonvoting member from the recognized national physical therapy professional association; and

c. One ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.

2. The ex officio members will be selected by their respective organizations.

3. The Commission may remove any member of the Executive Board as provided in bylaws.

4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any Commission Compact fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Perform other duties as provided in rules or bylaws.

E. Meetings of the Commission.

1. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in § 54.1-3493.

2. The Commission or the Executive Board or other committees of the Commission may convene in a closed, nonpublic meeting if the Commission or Executive Board or other committees of the Commission must discuss:

a. Noncompliance of a member state with its obligations under the Compact;

b. The employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law-enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

3. If a meeting or portion of a meeting is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

F. Financing of the Commission.

1. The Commission shall pay or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified immunity, defense, and indemnification.

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing in this subdivision shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

§ 54.1-3492. Data system.

A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse actions against a license or compact privilege;

4. Nonconfidential information related to alternative program participation;

5. Any denial of application for licensure, and the reason or reasons for such denial; and

6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state will only be available to other party states.

D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

§ 54.1-3493. Rulemaking.

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and

2. On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

2. The text of the proposed rule or amendment and the reason for the proposed rule;

3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons;

2. A state or federal governmental subdivision or agency; or

3. An association having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording shall be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or member state funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

§ 54.1-3494. Oversight, dispute resolution, and enforcement.

A. Oversight.

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities, or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, technical assistance, and termination.

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute resolution.

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

§ 54.1-3495. Date of implementation of the Interstate Commission for Physical Therapy Practice and associated rules, withdrawal, and amendment.

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act

prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

§ 54.1-3496. Construction and severability.

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any party state or the Constitution of the United States, or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

2. That the provisions of this act shall become effective on January 1, 2020.

3. That the Board of Physical Therapy shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**
(As of May 1, 2019)

Board	Board of Physical Therapy	
Chapter		**Action / Stage Information**
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] NOIRA - *Register Date: 5/13/19* *Comment closed: 6/12/19* *Board to adopt proposed regulations: 8/13/19*
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Proposed - *Register Date: 5/27/19* *Comment: 5/27/19 – 7/26/19* *Public hearing: 6/27/19*

Board Discussion and Action

PT Compact Commission Member State Checklist

This document provides PT Compact member states with a checklist covering the primary requirements in order to be in compliance with the PT Compact and issue compact privileges under the PT Compact.

Operations

- ☐ Submit the member state approved delegate to serve on the PT Compact Commission.
- ☐ Member state delegate and appropriate staff participate in the PT Compact orientation.
- ☐ Complete all required processes, requirements, and applications necessary to receive an Originating Agency Identification (ORI) Number.
- ☐ Once in receipt of ORI Number, biometric criminal background check process implemented for new licensees.
- ☐ Establish requirements for continuing competence for renewal of a PT and PTA license.
- ☐ Establish state fee for compact privilege and notify PT Compact Commission. (refer to Fee Guidance Document)
- ☐ Determine state requirement for jurisprudence and notify PT Compact Commission. If required before, access must be made available to compact privilege seekers outside of a regular application.
- ☐ Share license renewal schedule (birthday, standard, etc.) with PT Compact Commission.
- ☐ Determine if any new rules need to be adopted to comply with state fee, criminal background checks, continuing education requirements, etc. and the anticipated timeline. Share with PT Compact Commission and finalize the adoption any necessary rules.
- ☐ Share state budget cycle (annual or biennial) with PT Compact Commission.
- ☐ Make sure all current disciplinary actions those within the last two years or up-to-date in ELDD. Identify person responsible for entering new actions into ELDD.
- ☐ Determine any waivers of state fees for military licensees/spouses and veterans and notify PT Compact Commission.
- ☐ Add link to state license look-up website back to the PT Compact for verification purposes.
- ☐ Appropriate staff participate in Compact system orientation a month prior to going "live". Review Compact related reports, financial process and answer questions.

Information Systems

- ☐ Discuss data and database requirements with Commission IT staff.
- ☐ Make any necessary adjustments to member state data and databases.
- ☐ Establish secure FPT and Initial dataset submitted as required by PT Compact Commission rules.
- ☐ Review status mapping to ensure all statuses are identified correctly as it pertains to compact privilege eligibility.
- ☐ Appropriate member state staff trained on data transfer protocol.
- ☐ Establish and begin weekly data transfer.
- ☐ Appropriate member state staff trained on FSBPT OPS updating process

Financial

- ☐ Budget for annual member state fee assessment.
- ☐ Budget for delegate travel to attend annual PT Compact Commission meeting.

PT Compact State Fee Guidance

This document provides member states information to consider when determining its compact privilege state fee. Final decisions regarding the state fee are at the sole discretion of the member state.

Incentivize Use of the Compact

The PT Compact benefits the public and member state boards in a variety of ways and therefore the goal is to encourage PTs and PTAs to utilize the PT Compact option. The Commission set its compact privilege fee at $45 recognizing a lower price per privilege will incentivize licensees. Also, fees can be adjusted in the future as more is learned about the true fiscal impact of compact membership.

Consider how the amount of the state fee will be an incentive or disincentive for PTs and PTAs to obtain a compact privilege, especially during the couple years of a new option.

Total Cost of Compact Privilege

The Executive Board is recommending a $45 Commission compact privilege fee for each compact privilege purchased. The state fee will be in addition to the $45 Commission fee.

Consider if the total cost of the compact privilege (including Commission and state fees) will be too high, which could reduce the overall number of compact privileges purchased.

Banking Fee

The state fees remitted by the Commission will be net a small bank services fee, which will cover costs associated with processing credit cards and other banking transactions. The current fee will be 3.5% assessed on each compact privilege purchased.

Consider what the net revenue (less the bank services fee) will be received for each compact privilege purchased.

Other Member State Fees

The cost to obtain a compact privilege in other member states will likely vary, since each state has the ability to set its own state fee.

Consider the impact of the state fee set by other member states, especially those in contiguous states, may impact the demand for compact privileges in your state.

Cost to Apply for or Renew a License

The PT Compact does not prevent an individual from applying for or renewing a license through the standard licensure process.

Consider how the compact privilege state fee compares to the cost of applying for or renewing a license, and if the total cost would encourage or discourage the purchase of compact privilege.

Impact on Workload

The Commission is developing an online system that will verify PT Compact requirements and collect all compact privilege fees. It is anticipated the compact privilege system will reduce the amount of time member state staff will need to spend on out-of-state renewals, verification, and endorsements.

Consider the positive impact the reduction of staff workload will have on the budget and resources available to your state.

Contact T.J. Cantwell, Compact Administrator, at administrator@ptcompact.org with any questions.

State Fee Examples

Example A

Barbara is a PT licensed in member state X and purchases compact privileges in member states Y and Z.

PT Compact Commission fee per privilege = $45

State Y fee per privilege = $50

State Z fee per privilege = $40

Barbara's total cost to purchase a compact privilege for both state Y and state Z is $180.

($45 Commission Fee + $45 Commission Fee + $50 State Y Fee + $40 State Z Fee) = $180

Example B

Tim is a PTA licensed in member state A and purchases compact privileges in member states B, C, and Z.

PT Compact Commission fee per privilege = $45

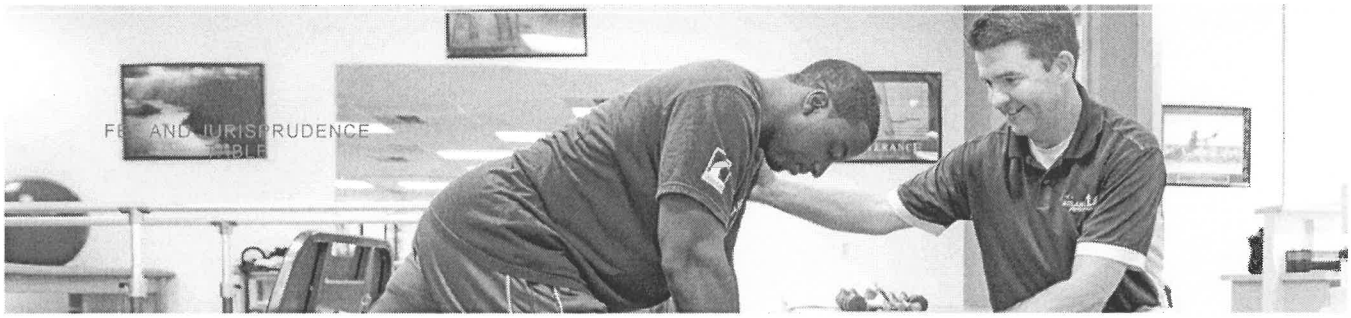
State B fee per privilege = $60

State C fee per privilege = $25

State Z fee per privilege = $40

Tim's total cost to purchase a compact privilege for states B, C and Z is $260

($45 Commission Fee + $45 Commission Fee + $45 Commission Fee + $60 State B Fee + $25 State C Fee + $40 State Z fee) = $260



PT Compact State	State CP Fee	Commission CP Fee	Total CP Fee	Jurisprudence Exam Requirement	Jurisprudence Website (outside link)	Active Duty Military/Spouse/Veteran State Fee Waiver
Arizona	$0	$45	$45	Must be passed before CP Issued	Register for the Arizona Jurisprudence Examination through the FSBPT here. You must subsequently also send an email including your name, address and FSBPT ID to veronica.cardoza@ptboard.az.govrequesting access to the Arizona jurisprudence exam for the purpose of obtaining a compact privilege.	N/A
Colorado	$50	$45	$95	None	N/A	No state fee waivers
Iowa	$60	$45	$105	None	N/A	State fee waived for active duty military and military spouse
Kentucky	$50	$45	$95	Must be passed before CP Issued	Click Here	State fee waived for active duty military
Mississippi	$150	$45	$195	Must be passed before CP Issued	Click Here	State fee waived for active duty military and military spouse
Missouri	$20	$45	$65	Must be passed before CP Issued	Click Here Completed forms should be emailed to licensure@pr.mo.gov or faxed to 573-751-3166	State fee waived for active duty military, military spouse, and veteran
Nebraska	$35	$45	$80	Must be passed before CP Issued	Register for the Nebraska Law/Jurisprudence Examination through the FSBPT here. You must also submit a Request to Access the Nebraska Law/Jurisprudence Examination for the Purpose of Obtaining a Compact Privilege form to the Nebraska Department of Health and Human Services – Licensure Unit.	No state fee waivers
New Hampshire	$65	$45	$110	Must be passed before CP Issued	Click Here	No state fee waivers
North Dakota	$0	$45	$45	Must be passed before CP Issued	Click Here	State fee waived for active duty military, military spouse, and veteran
Oregon	$50	$45	$95	Must be passed before CP Issued	Click Here	No state fee waivers

Tennessee	$25	$45	$70	Within 30 Days after CP Issued	Sent by jurisdiction after CP Issued	No state fee waivers
Texas	$50	$45	$95	Within 30 Days after CP Issued	Click Here	State fee waived for active duty military, military spouse, and veteran
Utah	$47	$45	$92	None	N/A	State fee waived for active duty military

IS THE COMPACT FOR YOU?

The PT Compact offers physical therapists and physical therapist assistants a fast and effective way to start practicing in states across the U.S. Click now to purchase your privilege.

GET YOUR PRIVILEGE

ABOUT PT COMPACT

124 West Street South, Third Floor, Alexandria, VA 22314, USA

703-562-8500

Monday - Friday: 9:00 AM - 5:00 PM ET

QUICK LINKS

Home
About Compact
Compact Map
Resources & Tools
Public Verification
Contact

PT COMPACT INFORMATION

The Physical Therapy Compact is an interstate agreement between member states to provide a state-developed collaborative structure to protect the public by increasing consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and cross-state practice.

New Business

DRAFT

Virginia's Physical Therapist Workforce: 2018

Healthcare Workforce Data Center

March 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

7,175 Physical Therapists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson	Rajana Siva	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	Research Analyst	*Research Assistant*

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Executive Director

Corie E. Tillman Wolf, JD

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The Physical Therapy Workforce: At a Glance:

The Workforce	
Licensees:	9,136
Virginia's Workforce:	7,639
FTEs:	6,586

Survey Response Rate	
All Licensees:	79%
Renewing Practitioners:	96%

Demographics	
% Female:	73%
Diversity Index:	32%
Median Age:	39

Background	
Rural Childhood:	26%
HS Degree in VA:	40%
Prof. Degree in VA:	39%

Education	
Doctorate:	65%
Masters:	18%

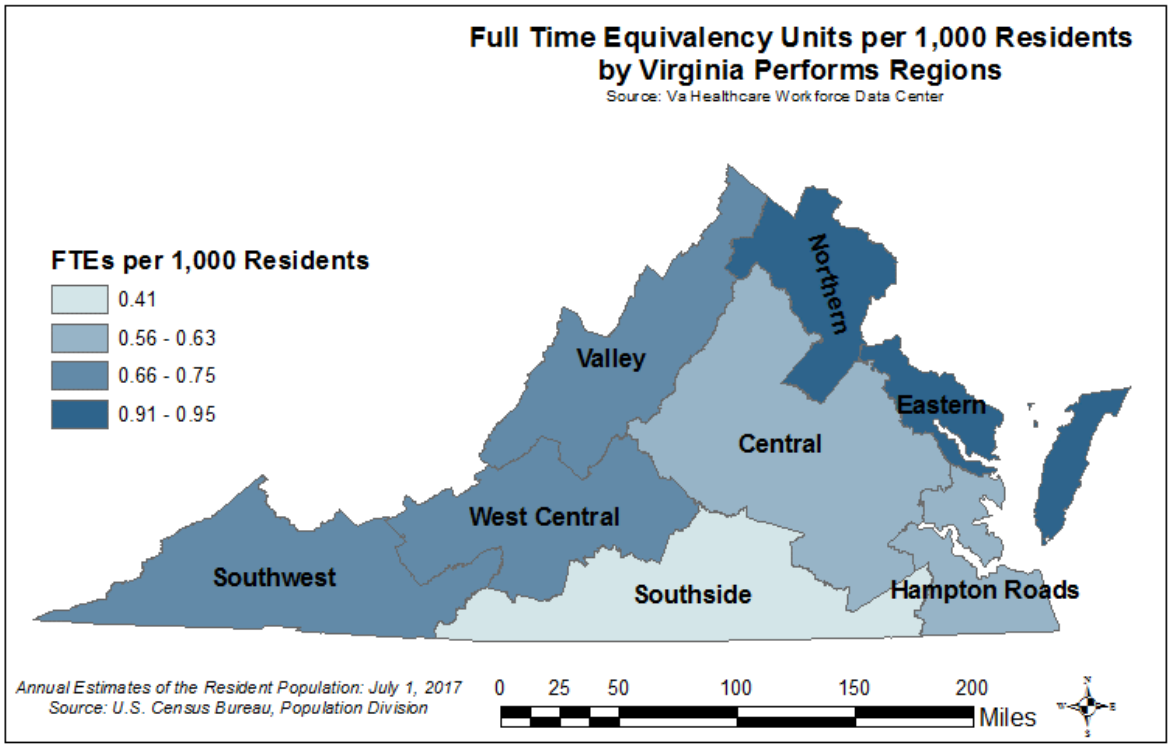
Finances	
Median Inc.:	$70k-$80k
Health Benefits:	68%
Under 40 w/ Ed debt:	67%

Current Employment	
Employed in Prof.:	97%
Hold 1 Full-time Job:	67%
Satisfied?:	97%

Job Turnover	
Switched Jobs in 2018:	9%
Employed over 2 yrs:	58%

Primary Roles	
Patient Care:	86%
Administration:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

There were 7,175 physical therapist (PT) respondents in the 2018 Physical Therapist Workforce Survey. The survey occurs during PTs' license renewal period in December of even-numbered years. The respondents represent 79% of the 9,136 licensed PTs in the state and 96% of renewing practitioners. During the survey period, 7,639 PTs participated in Virginia's workforce, providing 6,586 "full-time equivalency units", equivalent to working 2,000 hours a year.

Nearly three-quarter of all PTs are female, and the median age of the PT workforce is 39. In a random encounter between two PTs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For the Virginia population as a whole, the probability is 56%. Further, eight percent of Virginia's PTs work in non-Metro areas of the state even though 26% of PTs grew up in a rural area.

Close to two-thirds of all PTs earned a Doctorate as their highest professional degree, while 18% of the PT workforce earned a Master's degree. Forty-five percent of all PTs currently have educational debt, including 67% of PTs under age 40. For those PTs with education debt, the median debt load is between $70,000 and $80,000. The median annual income for Virginia's PT workforce is also between $70,000 and $80,000. Ninety-seven percent of PTs indicate they are satisfied with their current employment situation, including 67% who indicate that they are "very satisfied".

In 2018, 97% of PTs were employed in the profession, and involuntarily unemployment was nearly nonexistent. Group Private Practices employ 17% of all PTs in Virginia, the most of any establishment type in the state. Outpatient Rehabilitation Facilities and Home Health Care Companies are also common establishment types for Virginia's PT workforce.

Fifty percent of all PTs expect to retire by age 65. Although only 3% of the current workforce expect to retire in the next two years, half of the current workforce expect to retire by 2048. Meanwhile, over the next two years, 1% of all PTs expect to leave the profession, and 4% expect to leave the state. However, 28% of Virginia's PT workforce expect to pursue additional educational opportunities within the next two years.

Summary of Trends

Some significant changes have occurred in the PT workforce since 2014. Most notably the number of licensed PTs and PTs in the state workforce has increased by 20%. Further, the percent of the workforce with a doctorate increased from 51% to 65%, and resulted in declines in the percent with Master's and Baccalaureate degrees. The percent with APTA certifications and credentials also increased slightly. In 2018, 17% reported having at least one American Physical Therapy Association certification compared to 14% in 2014. Similarly, 29% reported at least one credential in 2018 compared to 23% in 2014. The areas in which they held certification of credentialing were relatively the same.

The percent of PTs with debt showed a 5% decline for those under age 40 but increased 1% in the overall population of PTs. The median educational debt also increased for the first time from between $60,000 and $70,000 to between $70,000 and $80,000. Median income, however, stayed the same at $70,000 to $80,000. The percent of PTs employed in the profession has ranged from 97% to 98% since 2014; and those involuntary unemployed, though 0%, decreased to six respondents from 17 in 2014.

The PT workforce also became slightly more diverse. The percent female declined from 76% to 73% but the diversity index has stayed between 31% and 32% in the past four years. The percent under age 40 also increased from 49% in 2014 to 52% in 2018. This higher composition of younger workers likely contributed to the median age dropping to 39.

Retirement intention is another area that witnessed some change in 2018. Compared to 2014 when half of the workforce planned to retire in 25 years, half of the workforce population in 2018 intend to retire in 30 years. However, the percent who intend to retire at age 65, which declined from 51% in 2014 to 48% in 2016, is now back at 50%, a concerning trend for having a sufficient future PT workforce.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	7,007	77%
New Licensees	868	10%
Non-Renewals	1,261	14%
All Licensees	**9,136**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 96% of renewing PTs submitted a survey. These represent 79% of PTs who held a license at some point in 2018.

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	732	665	48%
30 to 34	470	1,303	73%
35 to 39	212	1,091	84%
40 to 44	118	965	89%
45 to 49	98	926	90%
50 to 54	71	785	92%
55 to 59	72	638	90%
60 and Over	188	802	81%
Total	**1,961**	**7,175**	**79%**
New Licenses			
Issued in 2018	594	274	32%
Metro Status			
Non-Metro	117	481	80%
Metro	757	5,288	88%
Not in Virginia	1,087	1,404	56%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in December 2018.
2. **Target Population:** All PTs who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to PTs who renewed their licenses online. It was not available to those who did not renew, including some PTs newly licensed in 2018.

Response Rates	
Completed Surveys	7,175
Response Rate, all licensees	79%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTs

Number:	9,136
New:	10%
Not Renewed:	14%

Response Rates

All Licensees:	79%
Renewing Practitioners:	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 PT Workforce:	7,639
FTEs:	6,586

Utilization Ratios

Licensees in VA Workforce:	84%
Licensees per FTE:	1.39
Workers per FTE:	1.16

Source: Va. Healthcare Workforce Data Center

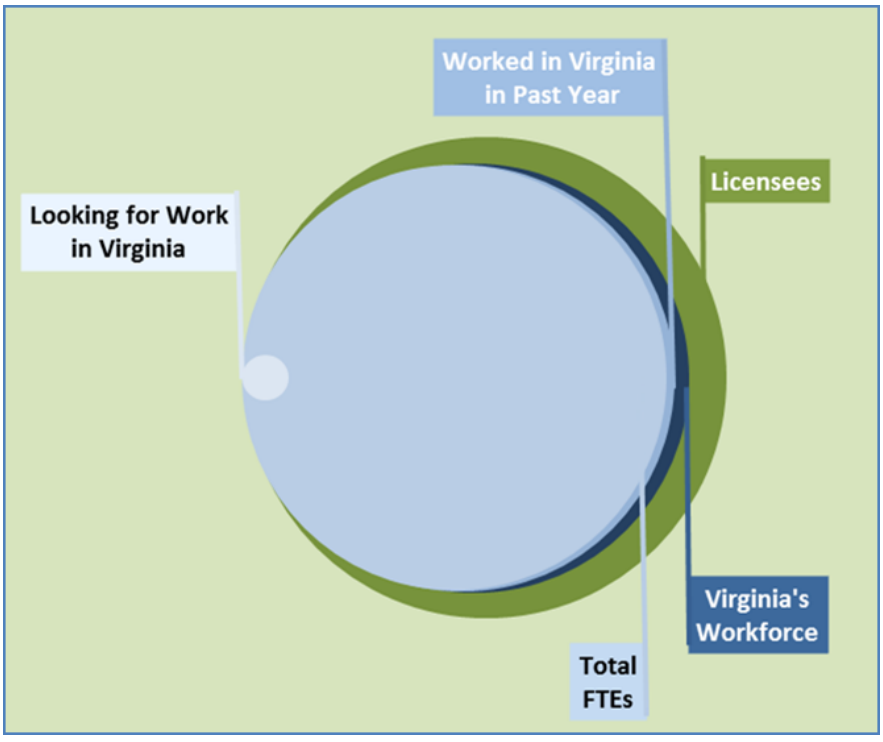
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's PT Workforce		
Status	#	%
Worked in Virginia in Past Year	7,574	99%
Looking for Work in Virginia	65	1%
Virginia's Workforce	**7,639**	**100%**
Total FTEs	**6,586**	
Licensees	**9,136**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	341	28%	872	72%	1,214	17%
30 to 34	401	28%	1,016	72%	1,417	20%
35 to 39	250	24%	790	76%	1,040	15%
40 to 44	208	25%	611	75%	819	12%
45 to 49	209	28%	532	72%	741	11%
50 to 54	151	26%	435	74%	586	8%
55 to 59	116	23%	399	77%	515	7%
60 +	194	28%	490	72%	684	10%
Total	**1,870**	**27%**	**5,147**	**73%**	**7,016**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	73%
% Under 40 Female:	73%

Age

Median Age:	39
% Under 40:	52%
% 55+:	17%

Diversity

Diversity Index:	32%
Under 40 Div. Index:	32%

Source: Va. Healthcare Workforce Data Center

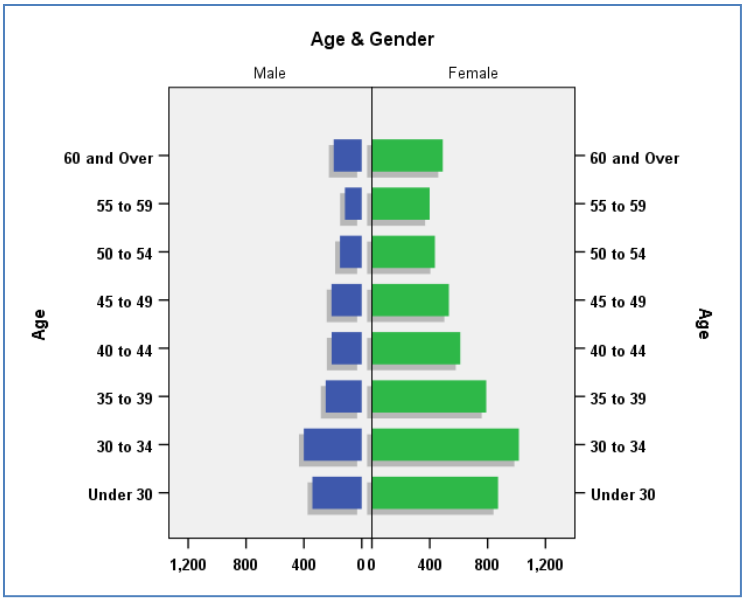
Race & Ethnicity					
Race/ Ethnicity	Virginia*	PTs		PTs under 40	
	%	#	%	#	%
White	62%	5,706	82%	2,979	82%
Black	19%	277	4%	136	4%
Asian	6%	614	9%	315	9%
Other Race	0%	79	1%	26	1%
Two or more races	3%	160	2%	93	3%
Hispanic	9%	163	2%	96	3%
Total	**100%**	**6,998**	**100%**	**3,645**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two PTs, there is a 32% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 56%.

Half of all PTs are under the age of 39, and 73% of these professionals are female. In addition, there is a 32% chance that two randomly chosen PTs from this group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	11%
Rural Childhood:	26%

Virginia Background

HS in Virginia:	40%
Prof. Education in VA:	39%
HS/Prof. Edu. in VA:	48%

Location Choice

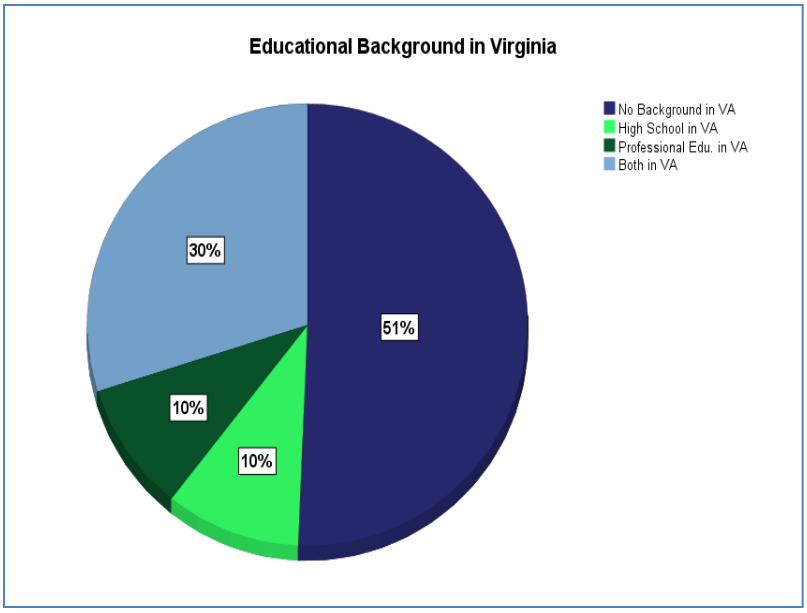
% Rural to Non-Metro:	15%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	21%	68%	12%
2	Metro, 250,000 to 1 million	38%	52%	10%
3	Metro, 250,000 or less	36%	55%	9%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent	53%	35%	11%
6	Urban pop, 2,500-19,999, Metro adjacent	53%	36%	11%
7	Urban pop, 2,500-19,999, non adjacent	61%	30%	8%
8	Rural, Metro adjacent	38%	45%	17%
9	Rural, non adjacent	37%	48%	15%
	Overall	**26%**	**62%**	**11%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

26% of PTs grew up in self-described rural areas, and 15% of these professionals currently work in non-metro counties. Overall, 8% of Virginia's PT workforce work in non-metro counties of the state.

Top Ten States for PT Recruitment

Rank	All PTs			
	High School	#	PT School	#
1	Virginia	2,776	Virginia	2,713
2	Outside U.S./Canada	597	Pennsylvania	560
3	New York	536	New York	521
4	Pennsylvania	523	Outside U.S./Canada	446
5	Maryland	394	North Carolina	330
6	New Jersey	223	Florida	281
7	North Carolina	185	Washington, D.C.	202
8	Ohio	151	Massachusetts	190
9	Florida	137	Maryland	160
10	Massachusetts	110	California	123

Source: Va. Healthcare Workforce Data Center

40% of PTs received their high school degree in Virginia, while 39% received their initial professional degree in the state.

Among PTs who have been licensed in the past five years, 41% received their high school degree in Virginia, while 40% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	PT School	#
1	Virginia	1,060	Virginia	870
2	Outside U.S./Canada	206	Pennsylvania	176
3	New York	191	New York	169
4	Pennsylvania	149	Outside U.S./Canada	140
5	Maryland	142	Florida	114
6	North Carolina	80	North Carolina	95
7	Ohio	69	Washington, D.C.	95
8	Mississippi	64	Tennessee	49
9	West Virginia	60	Maryland	45
10	New Jersey	44	West Virginia	38

Source: Va. Healthcare Workforce Data Center

17% of licensed PTs did not participate in Virginia's workforce in 2018. 95% of these PTs worked at some point in the past year, including 91% who currently work as PTs.

At a Glance:

Not in VA Workforce

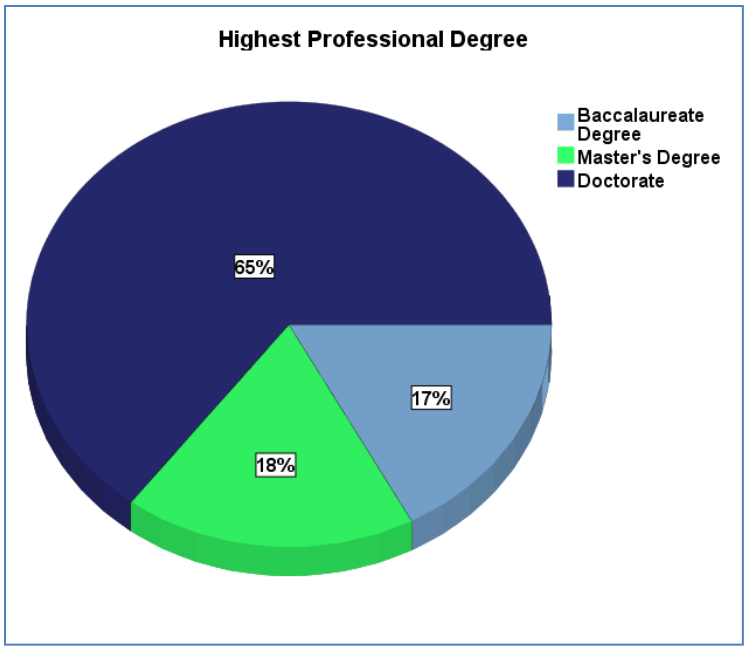
Total:	1,535
% of Licensees:	17%
Federal/Military:	7%
VA Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Baccalaureate Degree	1,195	17%
Master's Degree	1,253	18%
Doctorate	4,486	65%
Total	**6,933**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Doctorate: 65%
Master's: 18%

Educational Debt

With debt: 45%
Under age 40 with debt: 67%
Median debt: $70k-$80k

Source: Va. Healthcare Workforce Data Center

18% of all PTs hold a Master's degree as their highest professional degree, while close to two thirds have earned a Doctorate.

45% of PTs currently have educational debt, including 67% of those under the age of 40. For those PTs with educational debt, the median debt burden is between $70,000 and $80,000.

Educational Debt				
Amount Carried	All PTs		PTs under 40	
	#	%	#	%
None	3,569	55%	1,132	33%
Less than $20,000	374	6%	192	6%
$20,000-$39,999	449	7%	282	8%
$40,000-$59,999	350	5%	246	7%
$60,000-$79,999	335	5%	266	8%
$80,000-$99,999	274	4%	242	7%
$100,000-$119,999	298	5%	276	8%
$120,000 or More	798	12%	752	22%
Total	**6,447**	**100%**	**3,388**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

Othopaedics: 6%
Clinical Instructor (APTA): 5%
At Least One Cert.: 17%

Top Credentials:

Dry Needling: 13%
Exercise/Physical Ther.: 4%
At Least One Cred.: 29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

APTA Recognition of Advanced Proficiency		
Proficiency Area	#	%
Orthopaedics	461	6%
Clinical Instructor (APTA)	402	5%
Geriatrics	103	1%
Neurology	94	1%
Sports	72	1%
Pediatrics	47	1%
Women's Health	23	0%
Cardiovascular & Pulmonary	13	0%
Clinical Electrophysiology	7	0%
Other	206	3%
At Least 1 Certification	**1,300**	**17%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Area	#	%
Dry Needling	991	13%
Exercise/Physical Therapy	277	4%
Athletic Training	234	3%
Lymphedema Therapy	182	2%
Early Intervention	176	2%
Massage Therapy	41	1%
Wound Care	34	0%
Assistive Technology	29	0%
Orthotics	21	0%
Art/Dance Therapy	12	0%
Occupational Therapy	9	0%
Credentials, Nursing	7	0%
Prosthetics	5	0%
Chiropractry	2	0%
Other	647	8%
At Least 1 Credential	**2,204**	**29%**

Source: Va. Healthcare Workforce Data Center

17% of all PTs hold at least one APTA certification, while 29% of Virginia's PT workforce hold at least one credential. Orthopaedics (APTA) was the most common certification proficiency area, while Dry Needling was the most common credentialed proficiency area.

At a Glance:

Employment
Employed in Profession: 97%
Involuntarily Unemployed: <1%

Positions Held
1 Full-Time: 67%
2 or more Positions: 17%

Weekly Hours:
40 to 49: 54%
60 or more: 3%
Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a physical therapy related capacity	6,804	97%
Employed, NOT in a physical therapy related capacity	53	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	6	<1%
Voluntarily unemployed	106	2%
Retired	23	0%
Total	**6,993**	**100%**

Source: Va. Healthcare Workforce Data Center

97% of licensed PTs are currently employed in the profession, and involuntarily unemployment is nearly nonexistent. 67% of all PTs currently hold one full-time job, while 17% have multiple positions. 54% of PTs work between 40 and 49 hours per week, while 3% of PTs work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	135	2%
One Part-Time Position	1,133	16%
Two Part-Time Positions	314	5%
One Full-Time Position	4,495	65%
One Full-Time Position & One Part-Time Position	661	10%
Two Full-Time Positions	14	0%
More than Two Positions	137	2%
Total	**6,889**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	135	2%
1 to 9 hours	164	2%
10 to 19 hours	337	5%
20 to 29 hours	609	9%
30 to 39 hours	1,131	16%
40 to 49 hours	3,693	54%
50 to 59 hours	587	9%
60 to 69 hours	134	2%
70 to 79 hours	29	0%
80 or more hours	37	1%
Total	**6,856**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	18	0%
Less than $30,000	337	6%
$30,000-$39,999	193	3%
$40,000-$49,999	291	5%
$50,000-$59,999	372	6%
$60,000-$69,999	881	15%
$70,000-$79,999	1,324	22%
$80,000-$89,999	975	16%
$90,000-$99,999	688	12%
$100,000-$109,999	477	8%
$110,000-$119,999	175	3%
$120,000 or more	234	4%
Total	**5,965**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $70k-$80k

Benefits
Employer Health Ins.: 68%
Employer Retirement: 70%

Satisfaction
Satisfied 97%
Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,564	67%
Somewhat Satisfied	2,036	30%
Somewhat Dissatisfied	189	3%
Very Dissatisfied	42	1%
Total	**6,830**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical PT earned between $70,000 and $80,000 in 2018. In addition, among PTs who received either an hourly wage or a salary at their primary work location, 68% received health insurance and 70% had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	4,893	72%	79%
Retirement	4,359	64%	70%
Health Insurance	4,267	63%	68%
Dental Insurance	3,902	57%	62%
Paid Sick Leave	3,482	51%	56%
Group Life Insurance	2,725	40%	45%
Signing/Retention Bonus	858	13%	14%
Total	**5,430**	**80%**	**86%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	71	1%
Experience Voluntary Unemployment?	294	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	154	2%
Work two or more positions at the same time?	1,339	18%
Switch employers or practices?	724	9%
Experienced at least 1	**2,146**	**28%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's PTs experienced involuntary unemployment at some point in 2018. By comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	99	1%	130	7%
Less than 6 Months	525	8%	294	16%
6 Months to 1 Year	631	9%	244	14%
1 to 2 Years	1,623	24%	408	23%
3 to 5 Years	1,512	22%	344	19%
6 to 10 Years	1,010	15%	177	10%
More than 10 Years	1,395	21%	187	10%
Subtotal	**6,795**	**100%**	**1,784**	**100%**
Did not have location	82		5,816	
Item Missing	762		40	
Total	**7,639**		**7,639**	

Source: Va. Healthcare Workforce Data Center

53% of all PTs received a salary at their primary work location, while 35% received an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 9%
New Location: 25%
Over 2 years: 58%
Over 2 yrs, 2nd location: 40%

Employment Type

Salary/Commission: 53%
Hourly Wage: 35%

Source: Va. Healthcare Workforce Data Center

58% of PTs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	3,110	53%
Hourly Wage	2,034	35%
By Contract	426	7%
Business/ Practice Income	258	4%
Unpaid	19	0%
Subtotal	**5,848**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate for December 2018 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	33%
Top 3 Regions:	75%
Lowest Region:	1%

Locations

2 or more (2018):	27%
2 or more (Now*):	24%

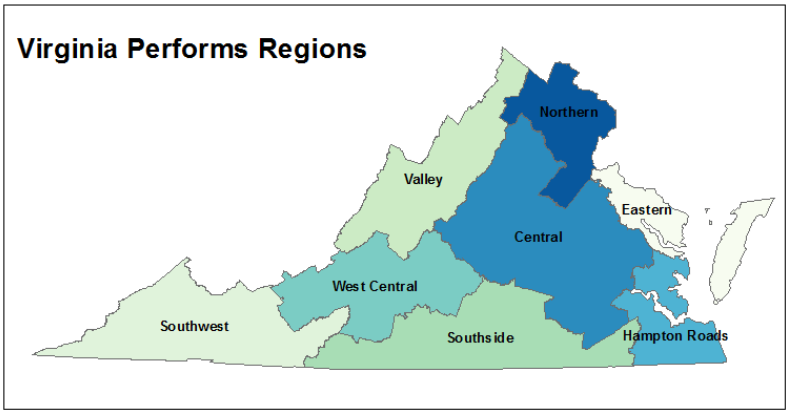
Source: Va. Healthcare Workforce Data Center

Three-quarters of all PTs work in one of three regions of the state: Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,606	24%	314	17%
Eastern	97	1%	35	2%
Hampton Roads	1,241	18%	316	18%
Northern	2,239	33%	535	30%
Southside	166	2%	58	3%
Southwest	220	3%	90	5%
Valley	436	6%	119	7%
West Central	635	9%	178	10%
Virginia Border State/DC	52	1%	45	2%
Other US State	83	1%	111	6%
Outside of the US	4	0%	2	0%
Total	**6,779**	**100%**	**1,803**	**100%**
Item Missing	778		22	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in 2018		Work Locations Now*	
	#	%	#	%
0	65	1%	131	2%
1	4,965	73%	5,044	74%
2	1,019	15%	1,017	15%
3	608	9%	544	8%
4	80	1%	46	1%
5	43	1%	19	0%
6 or More	70	1%	49	1%
Total	**6,849**	**100%**	**6,849**	**100%**

*At the time of survey completion, December 2018.

Source: Va. Healthcare Workforce Data Center

24% of all PTs currently have multiple work locations, while 27% of PTs have had at least two work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,039	62%	1,237	71%
Non-Profit	2,066	31%	401	23%
State/Local Government	336	5%	83	5%
Veterans Administration	59	1%	4	0%
U.S. Military	59	1%	14	1%
Other Federal Government	8	0%	2	0%
Total	**6,567**	**100%**	**1,741**	**100%**
Did not have location	82		5,816	
Item Missing	989		82	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

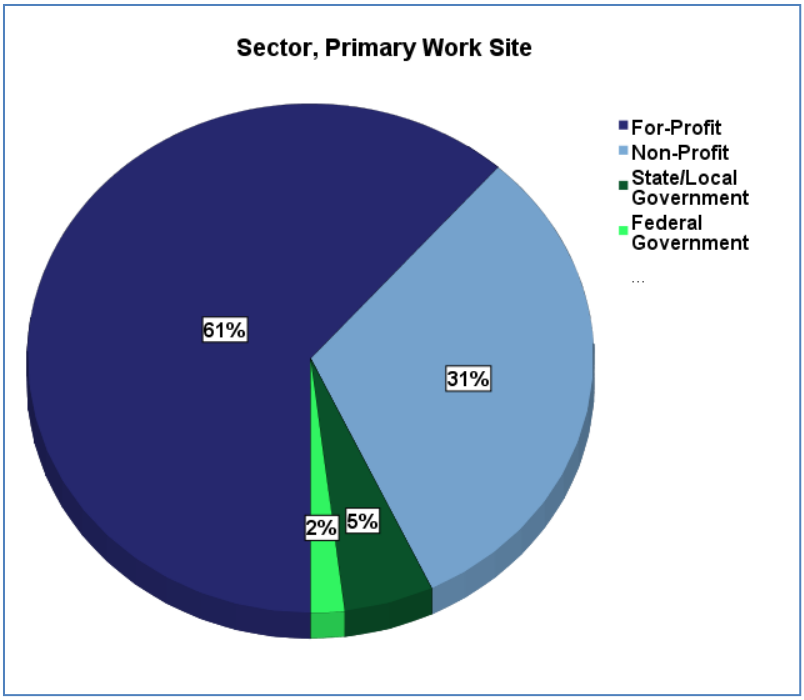
For Profit:	62%
Federal:	2%

Top Establishments

Group Private Practice:	17%
Outpatient Rehab.:	15%
Home Health Care:	14%

Source: Va. Healthcare Workforce Data Center

More than 90% of all PTs work in the private sector, including 62% who work at for-profit establishments. Another 5% of Virginia's PT workforce worked for either state or local governments.



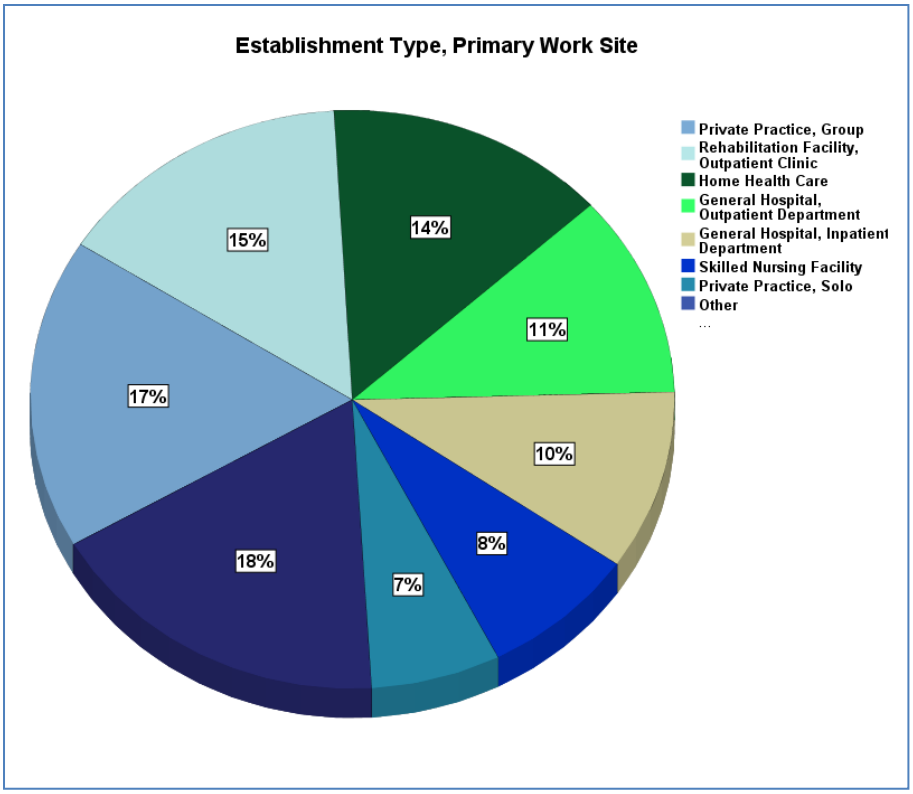
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	1,107	17%	177	11%
Rehabilitation Facility, Outpatient Clinic	961	15%	177	11%
Home Health Care	903	14%	284	17%
General Hospital, Outpatient Department	721	11%	78	5%
General Hospital, Inpatient Department	641	10%	193	12%
Skilled Nursing Facility	503	8%	266	16%
Private Practice, Solo	416	7%	113	7%
Rehabilitation Facility, Residential/Inpatient	231	4%	55	3%
Academic Institution	162	3%	94	6%
Physician Office	161	3%	18	1%
K-12 School System	160	3%	17	1%
Assisted Living or Continuing Care Facility	118	2%	51	3%
Other	292	5%	143	9%
Total	**6,376**	**100%**	**1,666**	**100%**
Did Not Have a Location	82		5,816	

Source: Va. Healthcare Workforce Data Center

Group Private Practices are the most common establishment type among Virginia's PTs with a primary work location. Outpatient Rehabilitation Facilities and Home Health Care were also typical primary establishment types.

Home Health Care was the most common establishment type among PTs who also had a secondary work location. Skilled Nursing Facilities and the Inpatient Department of Hospitals were also common secondary establishment types.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

A Typical PT's Time

Patient Care:	90%-99%
Administration:	1%-9%
Education:	1%-9%

Roles

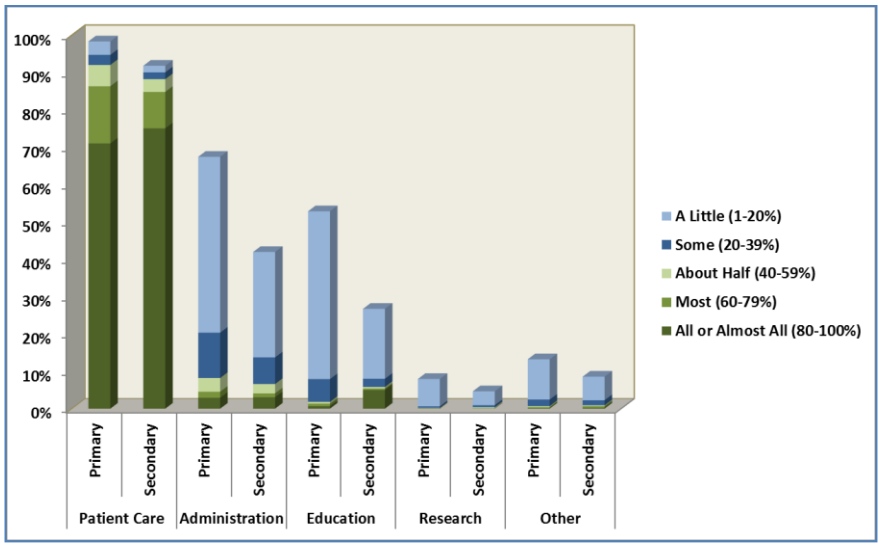
Patient Care:	86%
Administrative:	5%
Education:	1%

Patient Care PTs

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical PT spends most of her time in patient care activities. In fact, 86% of all PTs fill a patient care role, defined as spending at least 60% of her time in that activity. A small number of PTs also fill either an administrative or an educational role at their primary work location.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	71%	75%	3%	3%	1%	5%	0%	0%	0%	0%
Most (60-79%)	15%	10%	2%	1%	1%	0%	0%	0%	0%	0%
About Half (40-59%)	6%	3%	4%	2%	0%	0%	0%	0%	0%	0%
Some (20-39%)	3%	2%	12%	7%	6%	2%	0%	1%	2%	1%
A Little (1-20%)	4%	2%	47%	28%	45%	19%	7%	4%	11%	6%
None (0%)	2%	8%	33%	58%	47%	73%	92%	95%	87%	91%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All PTs		PTs over 50	
	#	%	#	%
Under age 50	168	3%	-	-
50 to 54	289	5%	5	0%
55 to 59	843	14%	98	6%
60 to 64	1,789	29%	442	28%
65 to 69	2,071	34%	636	40%
70 to 74	556	9%	245	16%
75 to 79	112	2%	49	3%
80 or over	58	1%	15	1%
I do not intend to retire	277	4%	86	5%
Total	**6,164**	**100%**	**1,576**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTAs

Under 65:	50%
Under 60:	21%

PTAs 50 and over

Under 65:	35%
Under 60:	7%

Time until Retirement

Within 2 years:	3%
Within 10 years:	15%
Half the workforce:	By 2048

Source: Va. Healthcare Workforce Data Center

50% of all PTs expect to retire before the age of 65, while 16% plan on working until at least age 70. Among PTs who are age 50 and over, 35% expect to retire by age 65, while 25% plan on working until at least age 70.

Within the next two years, 1% of Virginia's PTs expect to leave the profession and 4% plan on leaving the state. Meanwhile, 28% of PTs plan on pursing additional educational opportunities, and 10% also plan to increase patient care hours. In addition, 9% of PTs plan to certify/recertify for direct access.

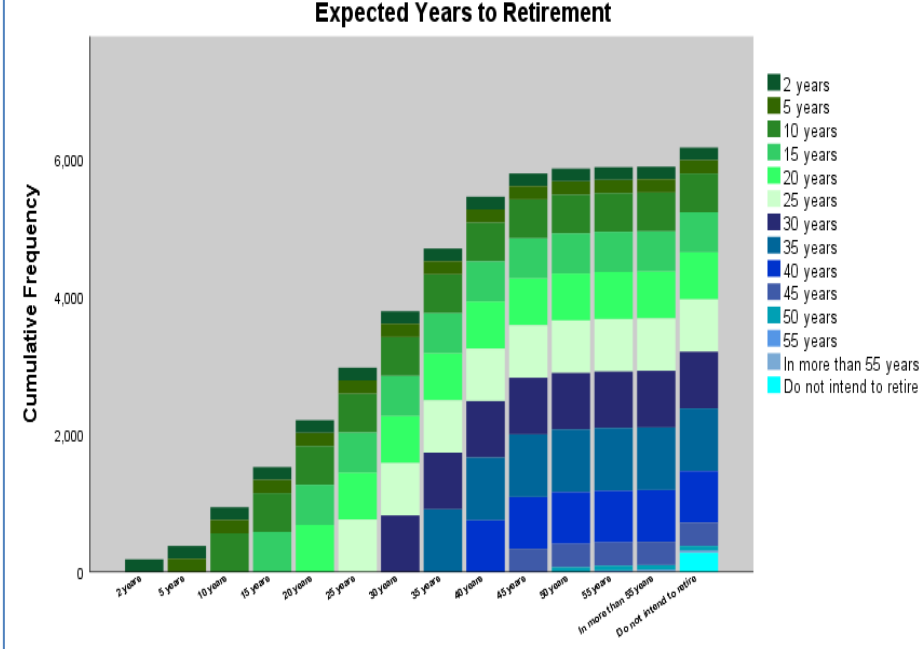
Future Plans		
1 Year Plans:	#	%
Decrease Participation		
Leave Profession	79	1%
Leave Virginia	333	4%
Decrease Patient Care Hours	778	10%
Decrease Teaching Hours	20	0%
Increase Participation		
Increase Patient Care Hours	766	10%
Increase Teaching Hours	813	11%
Pursue Additional Education	2,127	28%
Return to Virginia's Workforce	44	1%
Certify for Direct Access	656	9%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for PTs. Only 3% of PTs expect to retire within the next two years, while 15% plan on retiring in the next ten years. Half of the current PT workforce expect to retire by 2048.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	184	3%	3%
5 years	193	3%	6%
10 years	562	9%	15%
15 years	583	9%	25%
20 years	683	11%	36%
25 years	761	12%	48%
30 years	821	13%	61%
35 years	910	15%	61%
40 years	752	12%	88%
45 years	337	5%	94%
50 years	71	1%	95%
55 years	21	0%	95%
In more than 55 years	9	0%	96%
Do not intend to retire	277	4%	100%
Total	**6,164**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2038. Retirement will peak at 15% of the current workforce around 2053 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total:	6,586
FTEs/1,000 Residents[2]:	0.783
Average:	0.87

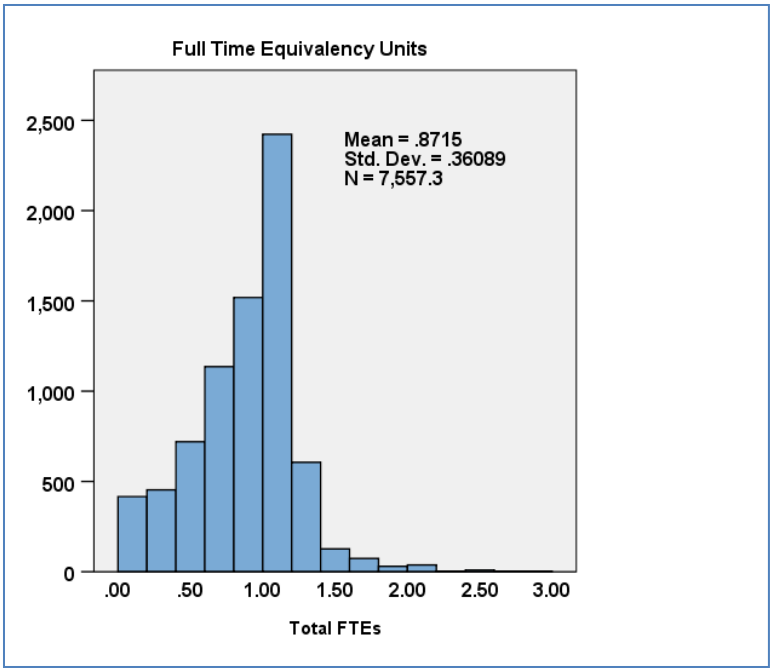
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Medium

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

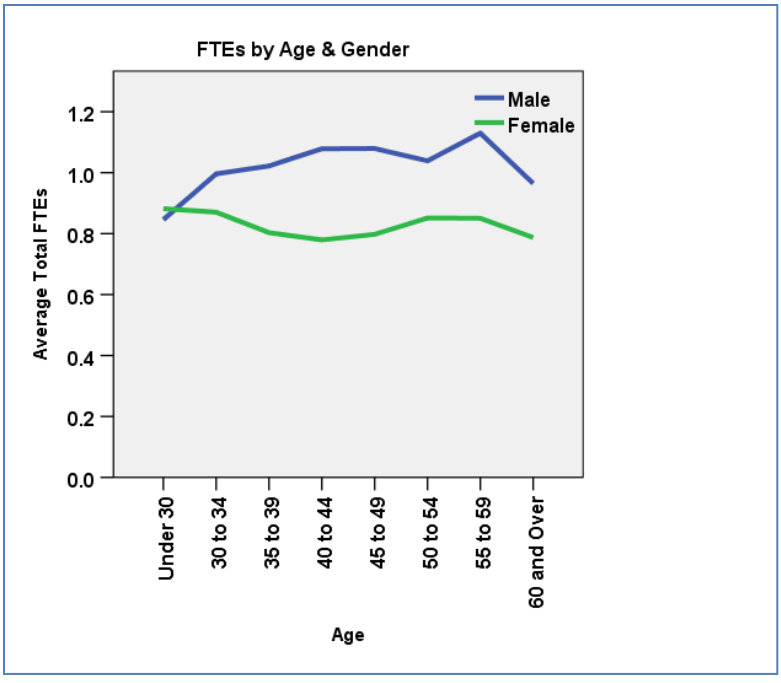


Source: Va. Healthcare Workforce Data Center

The typical PT provided 0.94 FTEs in 2018, or approximately 38 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.87	0.98
30 to 34	0.91	0.97
35 to 39	0.84	0.91
40 to 44	0.87	0.96
45 to 49	0.88	0.89
50 to 54	0.89	0.88
55 to 59	0.88	0.89
60 and Over	0.82	0.81
Gender		
Male	1.00	1.05
Female	0.83	0.92

Source: Va. Healthcare Workforce Data Center

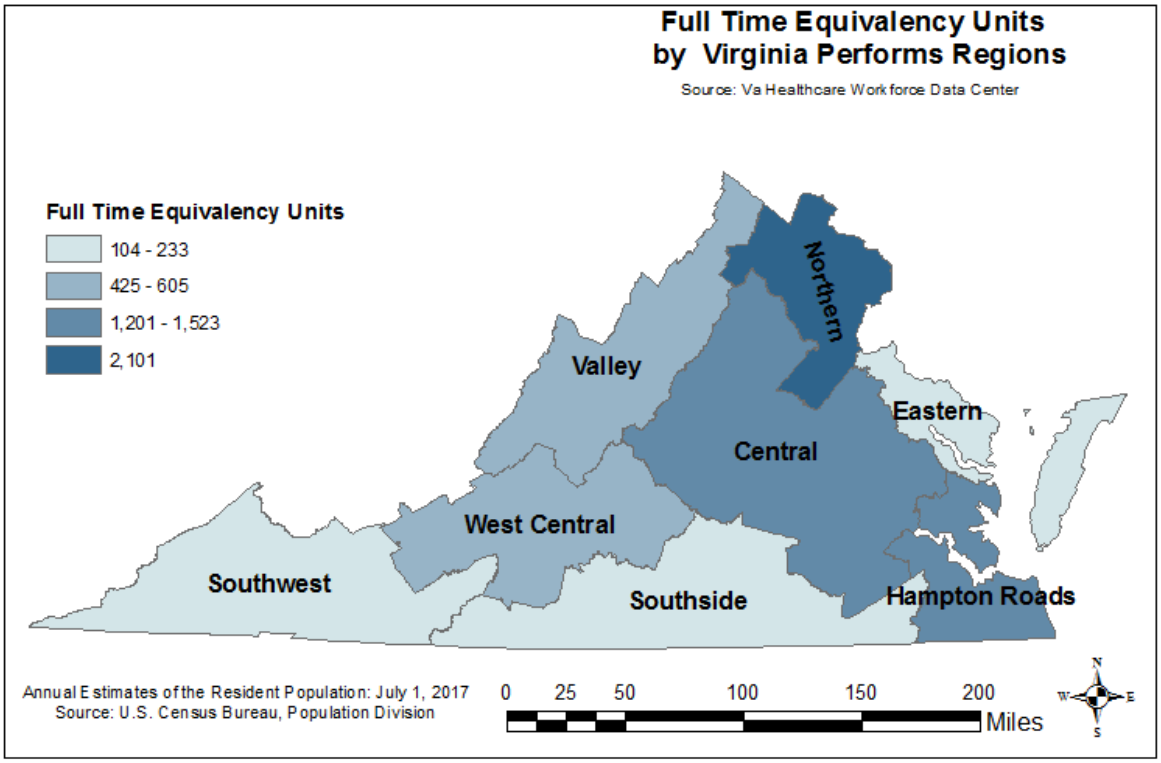


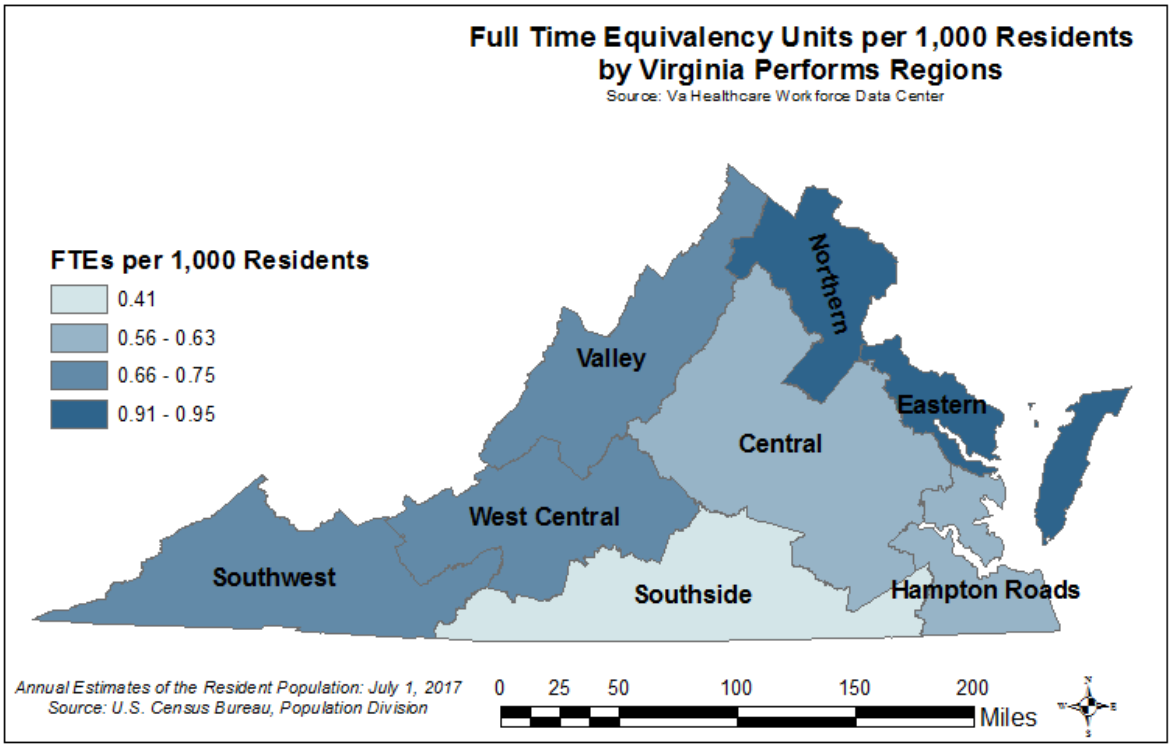
Source: Va. Healthcare Workforce Data Center

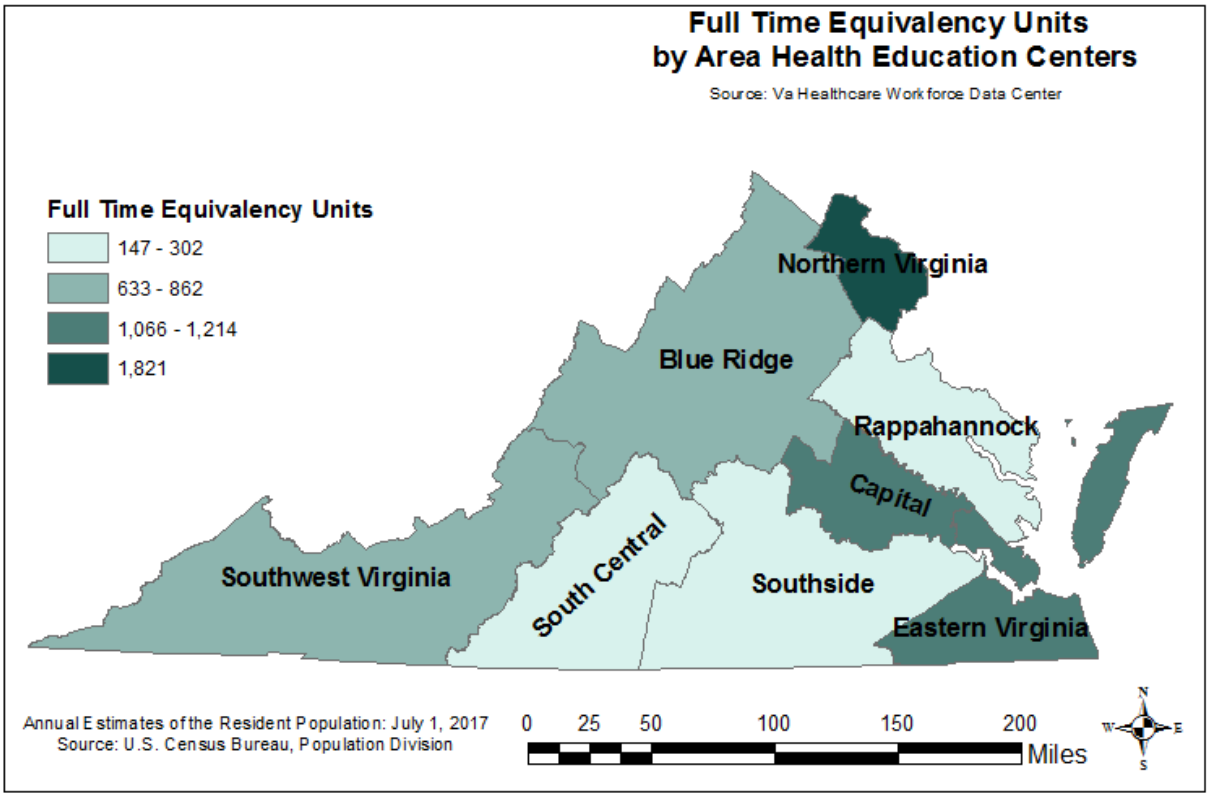
[2] Number of residents in 2017 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

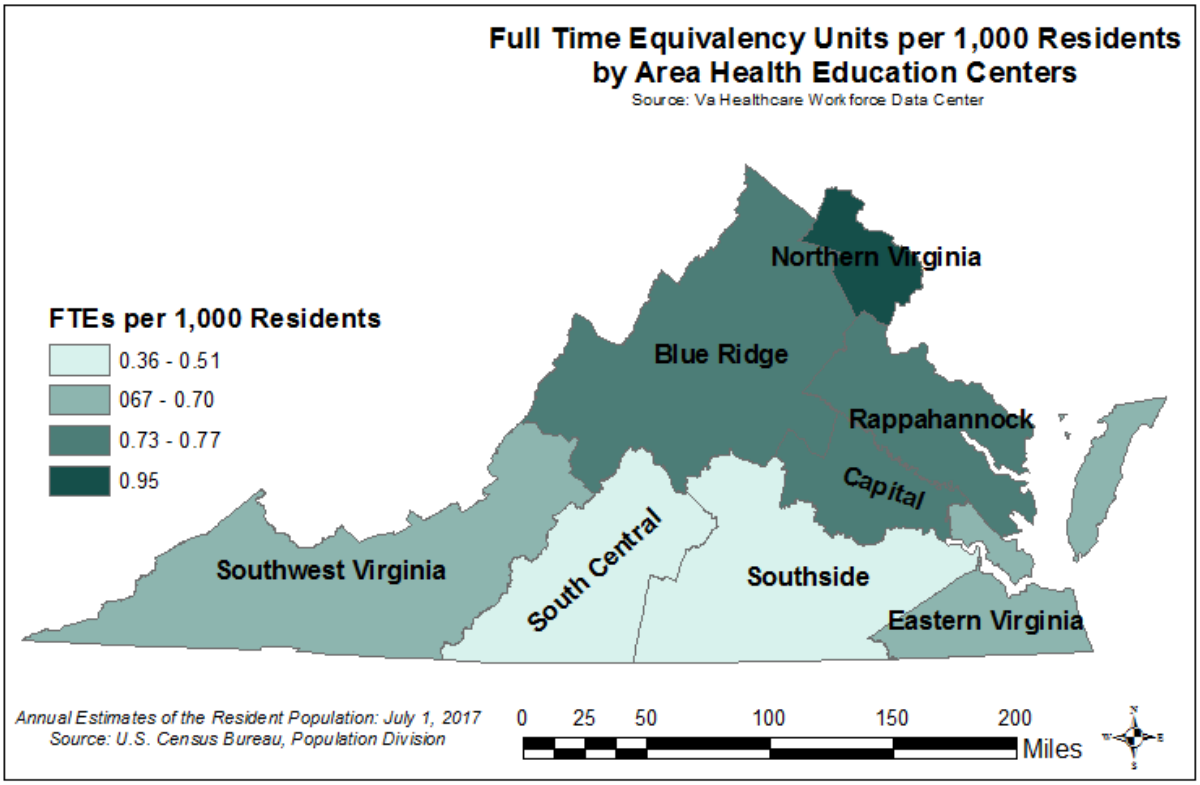
Maps

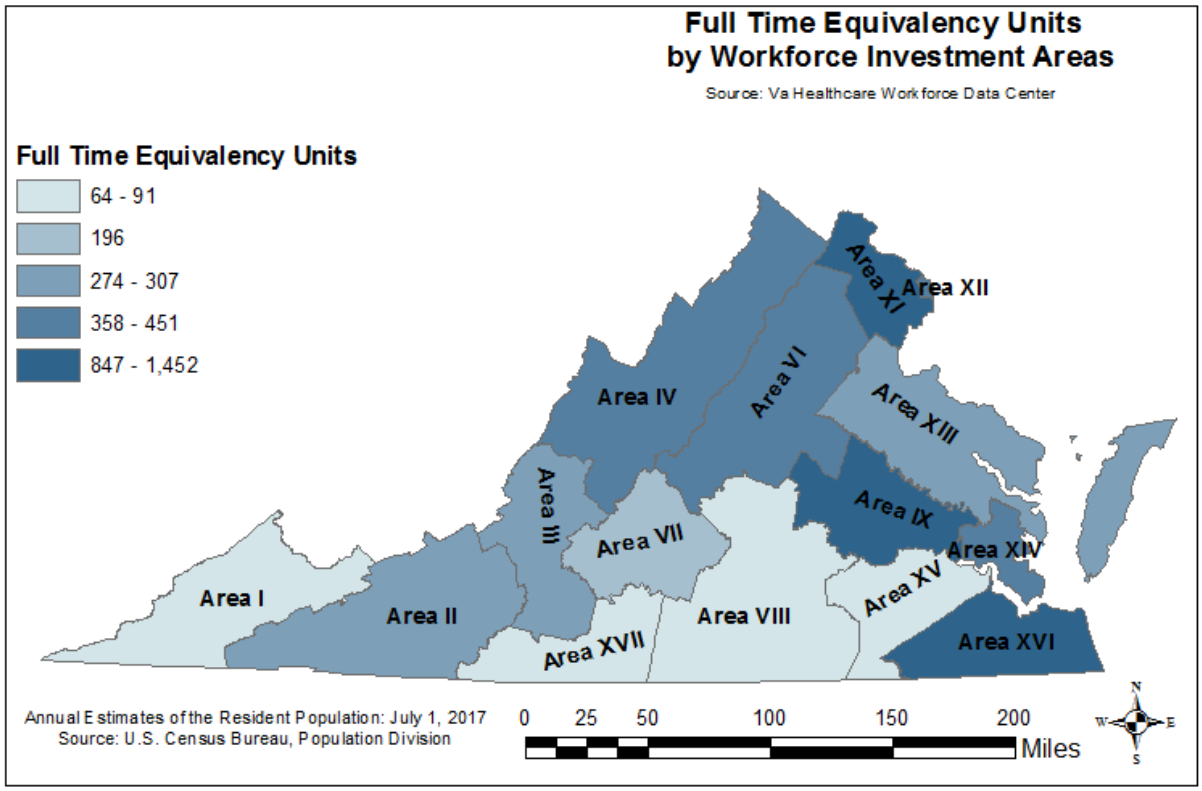
Virginia Performs Regions

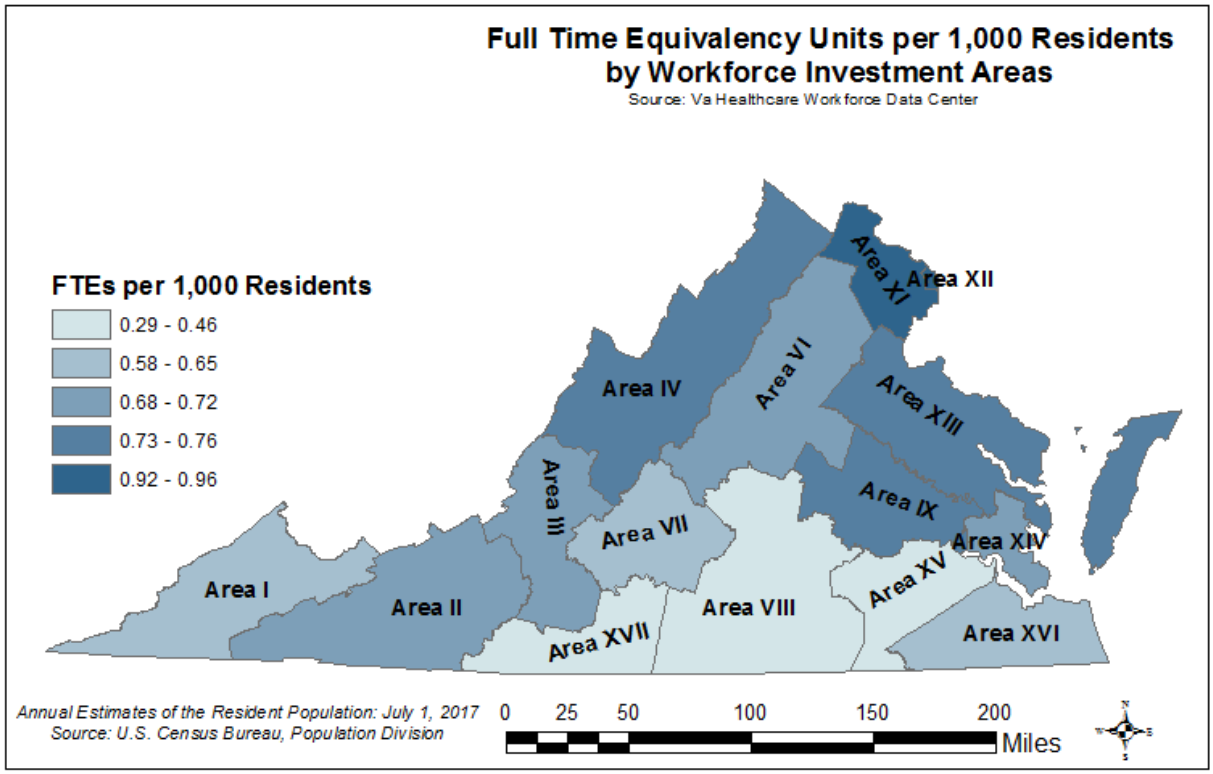


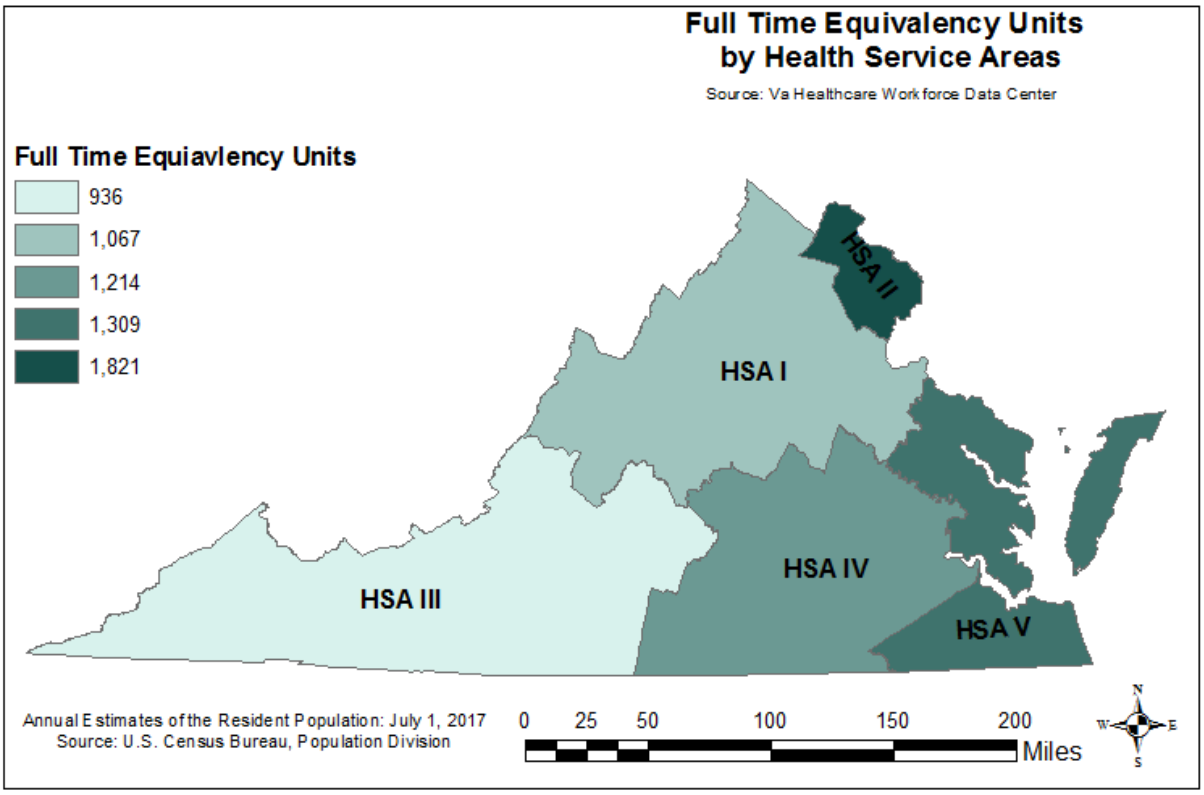


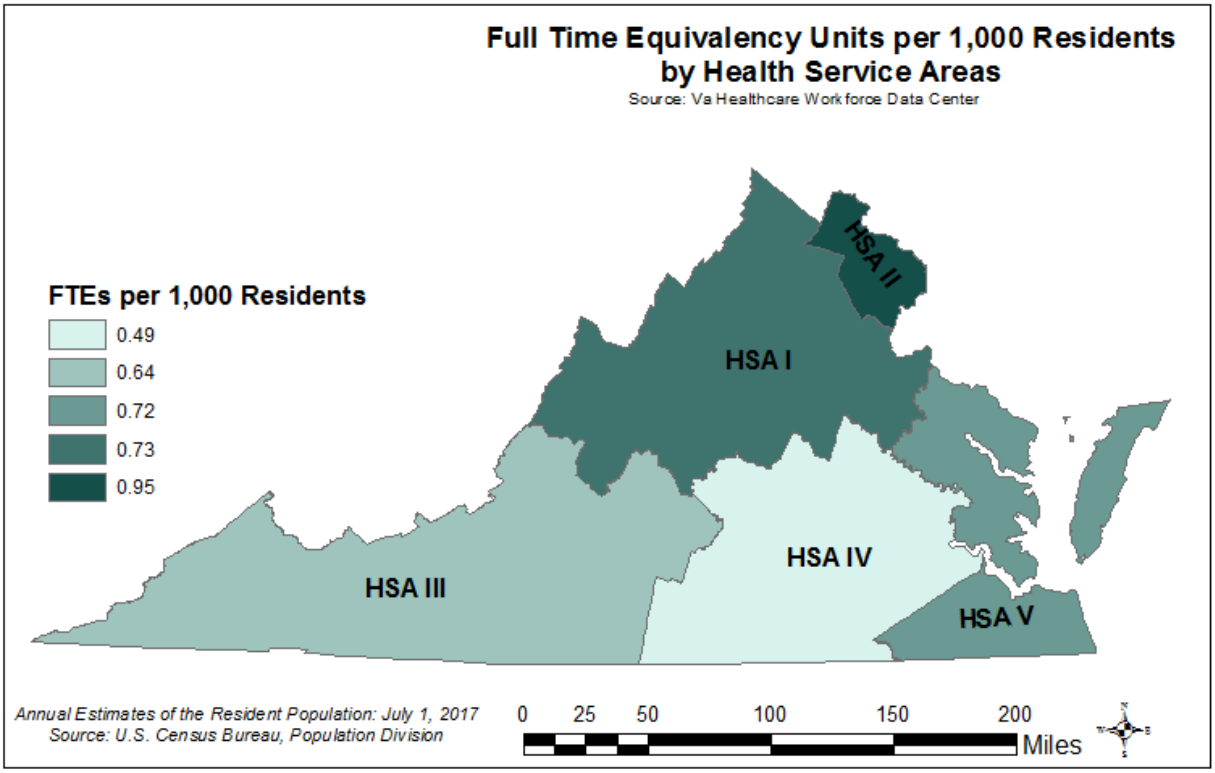

Full Time Equivalency Units
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
147 - 302
633 - 862
1,066 - 1,214
1,821
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

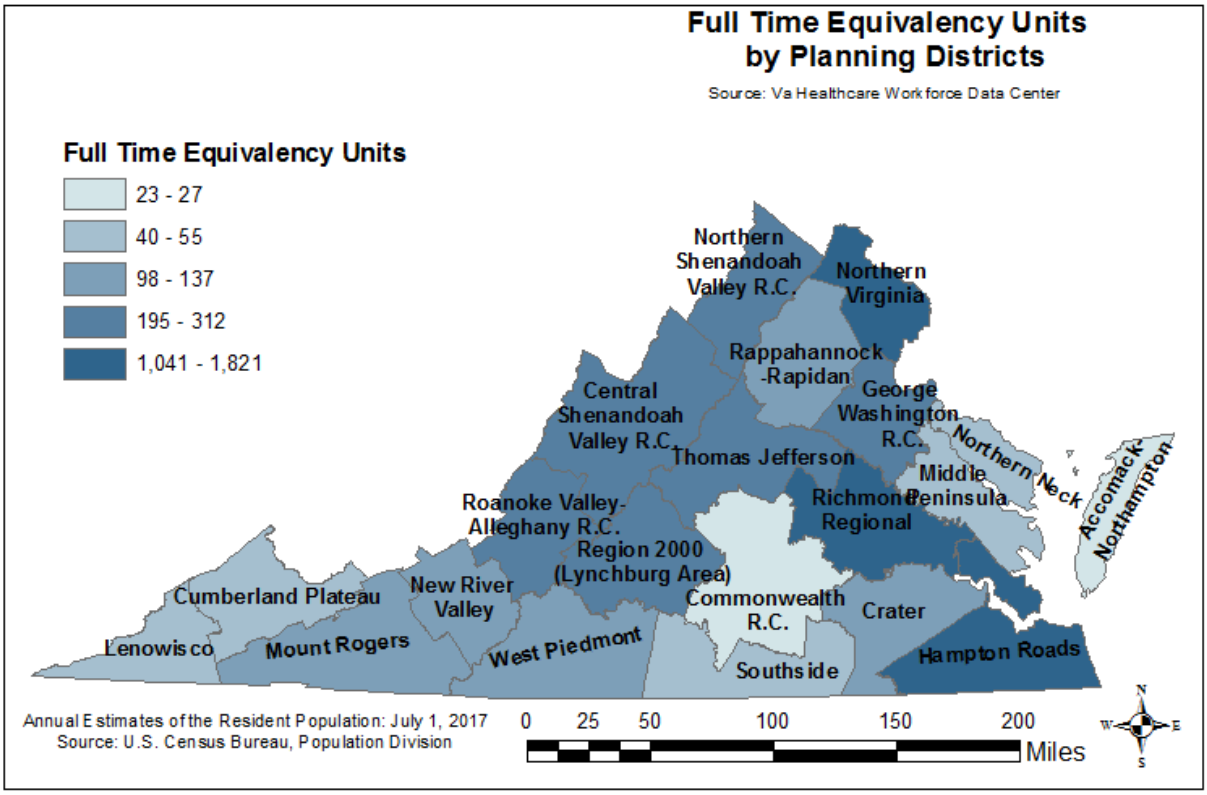

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.36 - 0.51
067 - 0.70
0.73 - 0.77
0.95
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

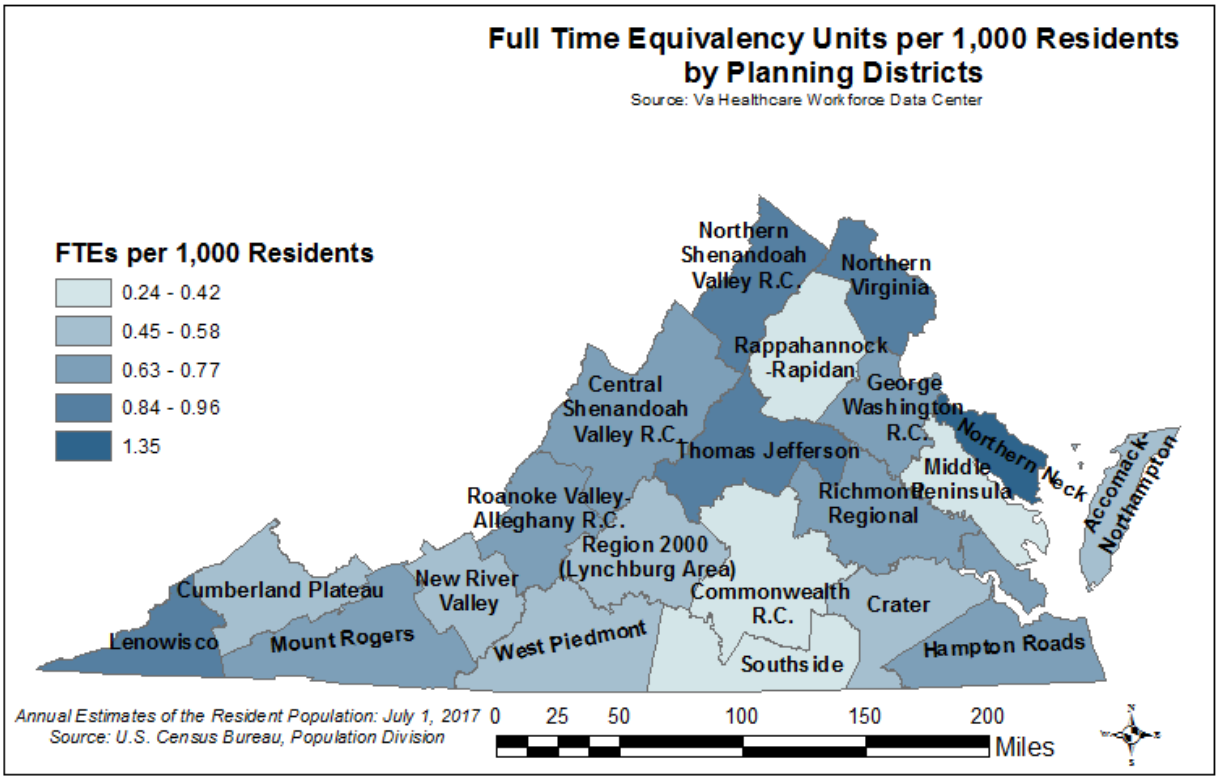

Full Time Equivalency Units
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
64 - 91
196
274 - 307
358 - 451
847 - 1,452
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.29 - 0.46
0.58 - 0.65
0.68 - 0.72
0.73 - 0.76
0.92 - 0.96
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equiavlency Units
936
1,067
1,214
1,309
1,821
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.49
0.64
0.72
0.73
0.95
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
23 - 27
40 - 55
98 - 137
195 - 312
1,041 - 1,821
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.24 - 0.42
0.45 - 0.58
0.63 - 0.77
0.84 - 0.96
1.35
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	4,664	87.86%	1.1381	0.9747	1.8777
Metro, 250,000 to 1 million	568	84.86%	1.1784	1.0092	1.9442
Metro, 250,000 or less	813	87.08%	1.1483	0.9834	1.8945
Urban pop 20,000+, Metro adj	86	88.37%	1.1316	0.9691	1.8669
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	216	81.94%	1.2203	1.0451	2.0134
Urban pop, 2,500-19,999, nonadj	104	83.65%	1.1954	1.0237	1.9722
Rural, Metro adj	128	66.41%	1.5059	1.2896	2.4845
Rural, nonadj	64	87.50%	1.1429	0.9787	1.8855
Virginia border state/DC	872	58.94%	1.6965	1.4529	2.7989
Other US State	1,619	54.97%	1.8191	1.5579	3.0012

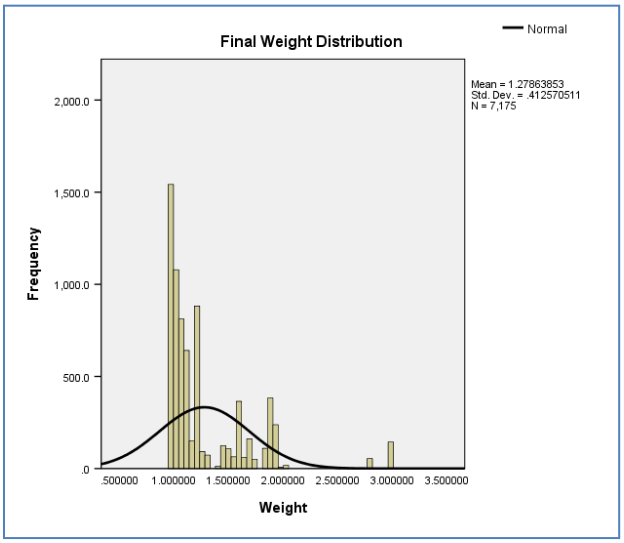
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.78535**



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	1,397	47.60%	2.1008	1.8669	3.0012
30 to 34	1,773	73.49%	1.3607	1.2092	1.9440
35 to 39	1,303	83.73%	1.1943	1.0614	1.7062
40 to 44	1,083	89.10%	1.1223	0.9974	1.6033
45 to 49	1,024	90.43%	1.1058	0.9827	1.5798
50 to 54	856	91.71%	1.0904	0.9691	1.5579
55 to 59	710	89.86%	1.1129	0.9890	1.5899
60 and Over	990	81.01%	1.2344	1.0970	1.7635

Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Physical Therapist Assistant Workforce: 2018

Healthcare Workforce Data Center

March 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

More than 3,000 Physical Therapist Assistants voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Physical Therapy express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

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The PTA Workforce At a Glance:

The Workforce	
Licensees:	3,730
Virginia's Workforce:	3,387
FTEs:	2,802

Survey Response Rate	
All Licensees:	83%
Renewing Practitioners:	98%

Demographics	
% Female:	76%
Diversity Index:	32%
Median Age:	40

Background	
Rural Childhood:	45%
HS Degree in VA:	63%
Prof. Degree in VA:	76%

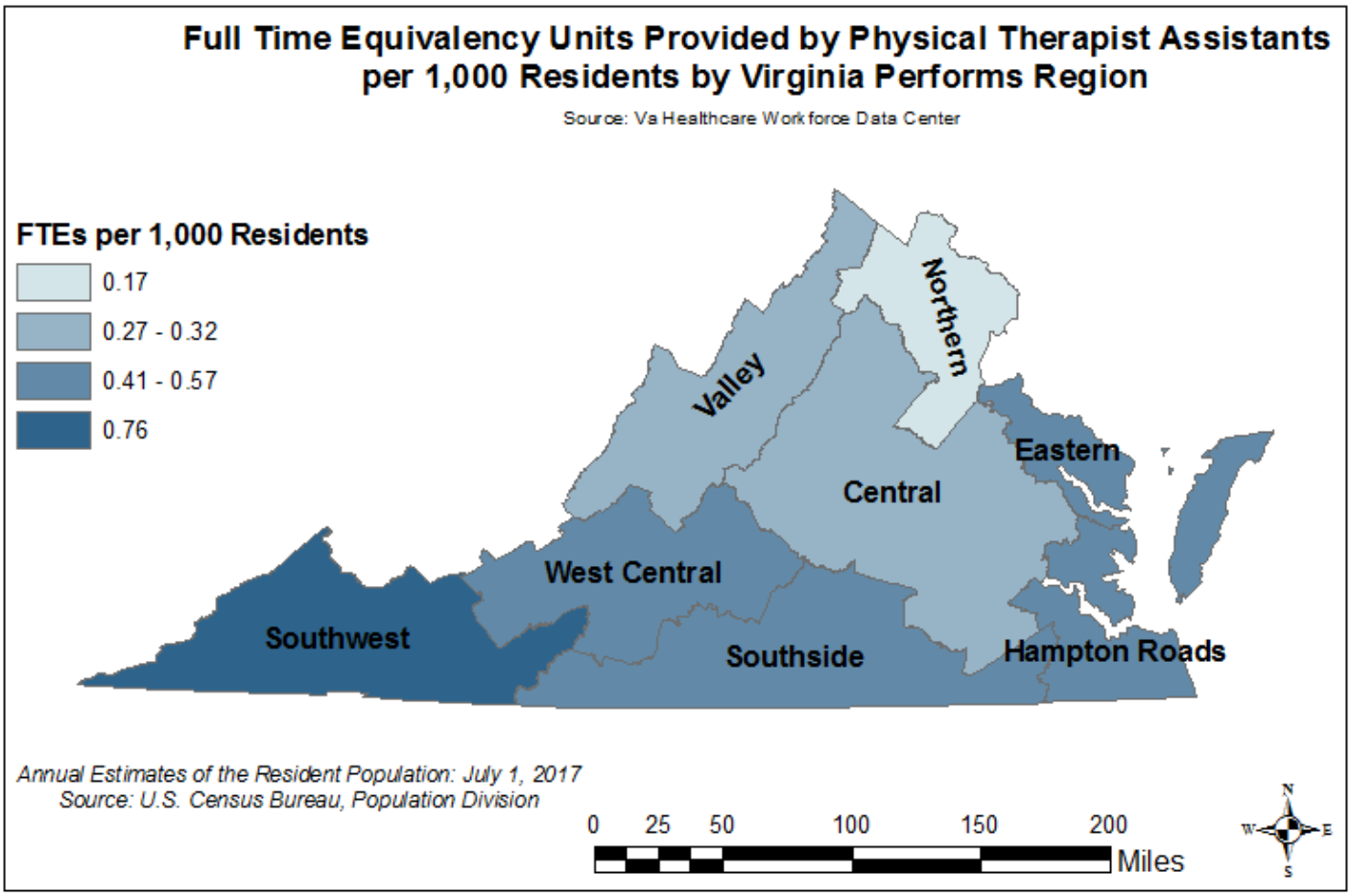
Education	
Associate:	97%
Bachelors:	2%

Finances	
Median Inc.:	$50k-$60k
Health Benefits:	58%
Under 40 w/ Ed Debt:	58%

Current Employment	
Employed in Prof.:	96%
Hold 1 Full-Time Job:	64%
Satisfied?:	97%

Job Turnover	
Switched Jobs in 2018:	9%
Employed Over 2 Yrs:	56%

Primary Roles	
Patient Care:	86%
Administration:	3%
Education:	1%



Results in Brief

More than 3,000 physical therapist assistants (PTAs) voluntarily took part in the 2018 Physical Therapist Assistant Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December on even-numbered years for PTAs. These survey respondents represent 83% of the 3,730 PTAs who are licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 3,387 PTAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's PTA workforce provided 2,802 "full-time equivalency units" during the survey time period, which the HWDC defines simply as working 2,000 hours.

More than three-quarters of all PTAs are female, and the median age of this workforce is 40. In a random encounter between two PTAs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, this same probability is 56%. Among those PTAs who are under the age of 40, the diversity index increases to 37%. More than 40% of all PTAs grew up in a rural area, and more than one-third of these professionals currently work in non-metro areas of the state. Overall, 19% of PTAs work in non-metro areas of Virginia. Meanwhile, 63% of PTAs went to high school in Virginia, and 76% of PTAs also received their initial professional degree in the state.

Nearly 40% of PTAs currently have education debt, including 58% of those PTAs who are under the age of 40. Among PTAs with education debt, the median debt amount is between $20,000 and $22,000. At the same time, the typical PTA earns between $50,000 and $60,000 per year. In addition, 80% of PTAs receive at least one employer-sponsored benefit, including 58% who have access to a health insurance plan. Nearly two-thirds of all PTAs hold one full-time job, and 45% work between 40 and 49 hours per week. Nearly one-quarter of PTAs work in skilled nursing facilities, while another 22% are employed at home health care establishments. Meanwhile, 1% of PTAs have been involuntarily unemployed at some point in the past year, and 5% have been underemployed.

Summary of Trends

Since 2014, the number of licensed PTAs in Virginia has increased by 23% (3,730 vs. 3,025). In addition, the response rate among these licensees has also increased (83% vs. 76%). At the same time, the size of Virginia's PTA workforce has increased by 26% (3,387 vs. 2,695). This workforce has increased the number of FTEs provided in the state by 24% (2,802 vs. 2,264).

Over the past five years, the percentage of Virginia's PTA workforce that is female has declined (76% vs. 79%). In addition, Virginia's PTAs have become younger as the median age of this workforce has fallen (40 vs. 42). This workforce has also become more diverse given its higher diversity index (32% vs. 29%). The diversity index among those PTAs who are under the age of 40 has also increased (37% vs. 33%).

Virginia's PTAs are more likely to carry education debt (39% vs. 35%), and the median debt amount that is carried by these professionals has also increased ($20,000-$22,000 vs. $18,000-$20,000). Although there has been no change in the median annual income of Virginia's PTAs, they are slightly more likely to receive at least one employer-sponsored benefit (80% vs. 79%). This includes those PTAs who have access to a retirement plan (59% vs. 54%) and health insurance (58% vs. 56%).

The employment picture of Virginia's PTAs has also improved somewhat since 2014. Involuntary unemployment has declined (1% vs. 3%) as well as the rate of underemployment (5% vs. 6%). On the other hand, relatively fewer PTAs hold one full-time job (64% vs. 65%) and fewer PTAs work between 40 and 49 hours per week (45% vs. 47%). Although a majority of PTAs still work in skilled nursing facilities, their percentage has fallen since 2014 (24% vs. 27%). Instead, more PTAs work in either home health care establishments (22% vs. 19%) or outpatient rehabilitation facilities (19% vs. 15%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	3,071	82%
New Licensees	306	8%
Non-Renewals	353	9%
All Licensees	**3,730**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing PTAs submitted a survey. These represent 83% of PTAs who held a license at some point in 2018.

Definitions

1. **The Survey Period:** The survey was conducted in December 2018.
2. **Target Population:** All PTAs who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to PTAs who renewed their licenses online. It was not available to those who did not renew, including some PTAs newly licensed in 2018.

Response Rates	
Completed Surveys	**3,090**
Response Rate, All Licensees	**83%**
Response Rate, Renewals	**98%**

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	207	480	70%
30 to 34	116	538	82%
35 to 39	70	408	85%
40 to 44	41	380	90%
45 to 49	52	454	90%
50 to 54	43	309	88%
55 to 59	33	281	90%
60 and Over	78	240	76%
Total	**640**	**3,090**	**83%**
New Licenses			
Issued in 2018	218	88	29%
Metro Status			
Non-Metro	62	498	89%
Metro	373	2,196	86%
Not in Virginia	205	396	66%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed PTAs

Number:	3,730
New:	8%
Not Renewed:	9%

Response Rates

All Licensees:	83%
Renewing Practitioners:	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 PTA Workforce:	3,387
FTEs:	2,802

Utilization Ratios

Licensees in VA Workforce:	91%
Licensees per FTE:	1.33
Workers per FTE:	1.21

Source: Va. Healthcare Workforce Data Center

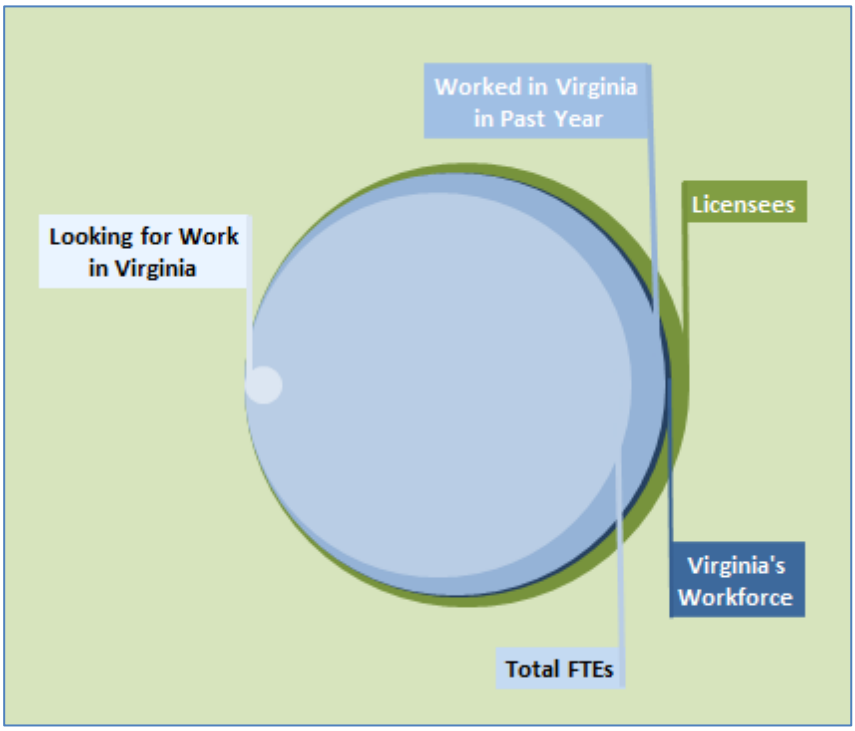
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's PTA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	3,359	99%
Looking for Work in Virginia	27	1%
Virginia's Workforce	**3,387**	**100%**
Total FTEs	**2,802**	
Licensees	**3,730**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	151	25%	463	75%	614	20%
30 to 34	161	29%	400	71%	561	18%
35 to 39	109	26%	313	74%	422	13%
40 to 44	76	21%	282	79%	358	11%
45 to 49	93	23%	318	77%	411	13%
50 to 54	52	19%	225	81%	277	9%
55 to 59	49	20%	199	80%	248	8%
60 +	57	24%	179	76%	236	8%
Total	**748**	**24%**	**2,378**	**76%**	**3,126**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	PTAs		PTAs Under 40	
	%	#	%	#	%
White	62%	2,570	82%	1,262	79%
Black	19%	228	7%	138	9%
Asian	6%	99	3%	56	3%
Other Race	0%	28	1%	13	1%
Two or More Races	3%	85	3%	56	3%
Hispanic	9%	131	4%	81	5%
Total	**100%**	**3,142**	**100%**	**1,605**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	76%
% Under 40 Female:	74%

Age

Median Age:	40
% Under 40:	51%
% 55+:	15%

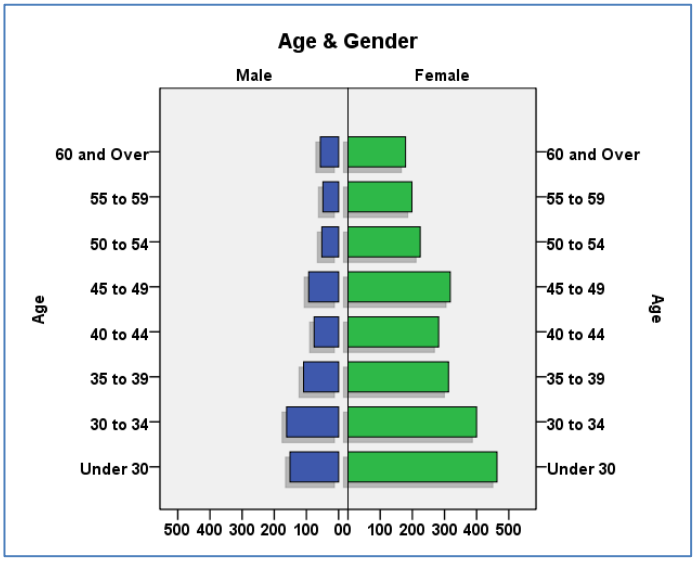
Diversity

Diversity Index:	32%
Under 40 Div. Index:	37%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two PTAs, there is a 32% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 56%.

More than half of all PTAs are under the age of 40, and 74% of these professionals are female. In addition, the diversity index among these professionals is 37%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	11%
Rural Childhood:	45%

Virginia Background

HS in Virginia:	63%
Prof. Education in VA:	76%
HS/Prof. Edu. in VA:	80%

Location Choice

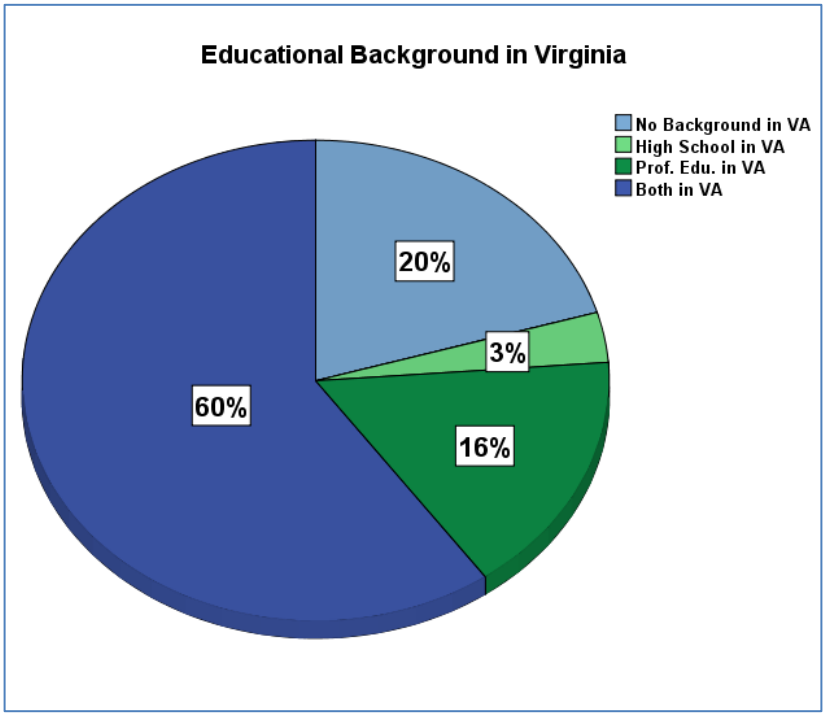
% Rural to Non-Metro:	34%
% Urban/Suburban to Non-Metro:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	28%	58%	14%
2	Metro, 250,000 to 1 Million	56%	34%	9%
3	Metro, 250,000 or Less	59%	33%	8%
	Non-Metro Counties			
4	Urban Pop 20,000+, Metro Adjacent	82%	10%	9%
6	Urban Pop, 2,500-19,999, Metro Adjacent	76%	18%	6%
7	Urban Pop, 2,500-19,999, Non-Adjacent	91%	7%	2%
8	Rural, Metro Adjacent	60%	34%	6%
9	Rural, Non-Adjacent	69%	24%	7%
	Overall	**45%**	**44%**	**11%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 40% of PTAs grew up in self-described rural areas, and 34% of these professionals currently work in non-metro counties. Overall, 19% of Virginia's PTA workforce work in non-metro counties of the state.

Top Ten States for PTA Recruitment

Rank	All PTAs			
	High School	#	PTA School	#
1	Virginia	1,984	Virginia	2,317
2	Pennsylvania	131	West Virginia	79
3	Outside U.S./Canada	119	Pennsylvania	73
4	New York	110	New York	68
5	West Virginia	90	North Carolina	58
6	North Carolina	72	Maryland	49
7	Maryland	63	Ohio	44
8	Ohio	56	Florida	44
9	New Jersey	44	Kentucky	26
10	Florida	43	Tennessee	26

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of PTAs received their high school degree in Virginia, while 76% received their initial professional degree in the state.

Among PTAs who have been licensed in the past five years, 64% received their high school degree in Virginia, while 74% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	PTA School	#
1	Virginia	714	Virginia	816
2	Outside U.S./Canada	46	West Virginia	41
3	West Virginia	36	Maryland	22
4	Pennsylvania	28	Pennsylvania	21
5	Maryland	27	Florida	19
6	New York	25	Ohio	17
7	North Carolina	23	North Carolina	16
8	Ohio	22	New York	14
9	California	17	Kentucky	12
10	Florida	17	Tennessee	11

Source: Va. Healthcare Workforce Data Center

Nearly 10% of licensed PTAs did not participate in Virginia's workforce in 2018. However, 91% of these PTAs worked at some point in the past year, including 85% who currently work as PTAs.

At a Glance:

Not in VA Workforce

Total:	342
% of Licensees:	9%
Federal/Military:	5%
VA Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate of Applied Sci.: 82%
Associate of Science: 15%

Educational Debt

Carry Debt: 39%
Under age 40 with Debt: 58%
Median Debt: $20k-$22k

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	**#**	**%**
Certificate	13	0%
Associate of Applied Science	2,581	82%
Associate of Science	464	15%
Baccalaureate	58	2%
Other	22	1%
Total	**3,139**	**100%**

Source: Va. Healthcare Workforce Data Center

Highest Non-Professional Degree		
Degree	**#**	**%**
Certificate	257	10%
Associate of Applied Science	691	26%
Associate of Science	231	9%
Baccalaureate	1,097	41%
Masters	112	4%
Doctorate/Professional	9	0%
Other	299	11%
Total	**2,697**	**100%**

Source: Va. Healthcare Workforce Data Center

More than 80% of PTAs hold an Associate of Applied Science as their highest professional degree, while 15% have earned an Associate of Science degree.

Nearly 40% of PTAs currently have education debt, including 58% of those under the age of 40. For those PTAs with education debt, the median debt burden is between $20,000 and $22,000.

Educational Debt				
Amount Carried	**All PTAs**		**PTAs Under 40**	
	#	**%**	**#**	**%**
None	1,743	61%	618	42%
Less than $4,000	111	4%	70	5%
$4,000-$7,999	101	4%	69	5%
$8,000-$11,999	139	5%	99	7%
$12,000-$15,999	77	3%	55	4%
$16,000-$19,999	86	3%	69	5%
$20,000-$23,999	113	4%	81	6%
$24,000-$27,999	92	3%	75	5%
$28,000 or More	413	14%	327	22%
Total	**2,875**	**100%**	**1,463**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

Geriatrics:	3%
Women's Health:	2%
At Least One Cert.:	6%

Top Credentials

Massage Therapy:	3%
Exercise Physiology:	2%
At Least One Cred.:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

APTA Recognition of Advanced Proficiency Certificates		
Proficiency Area	**#**	**%**
Geriatrics	95	3%
Women's Health	80	2%
Neuromuscular	53	2%
Acute Care	27	1%
Education	26	1%
Aquatic	23	1%
Cardiovascular & Pulmonary	23	1%
Sports	11	0%
Pediatric	10	0%
Oncology	9	0%
At Least One Certification	**191**	**6%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Proficiency Area	**#**	**%**
Massage Therapy	109	3%
Exercise Physiology	84	2%
Athletic Training	49	1%
Kinesiotherapy	31	1%
Nursing	22	1%
Medical Assistant	7	0%
Art/Dance Therapy	5	0%
Occupational Therapy	4	0%
Orthotic/Prosthetic Fitter	2	0%
Orthopedic Technician	2	0%
Credentials, Other	295	9%
At Least One Credential	**572**	**17%**

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's PTAs currently hold at least one APTA certificate, and 17% hold at least one credential. Geriatrics is the most common APTA certification, and message therapy is the most common credential.

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 64%
2 or More Positions: 18%

Weekly Hours

40 to 49: 45%
60 or More: 2%
Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in a Physical Therapy Related Capacity	3,011	96%
Employed, NOT in a Physical Therapy Related Capacity	52	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	7	< 1%
Voluntarily Unemployed	51	2%
Retired	5	0%
Total	**3,126**	**100%**

Source: Va. Healthcare Workforce Data Center

More than 95% of licensed PTAs are currently employed in the profession. In addition, nearly two-thirds of all PTAs currently hold one full-time job, and 45% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	63	2%
One Part-Time Position	492	16%
Two Part-Time Positions	133	4%
One Full-Time Position	1,992	64%
One Full-Time Position & One Part-Time Position	340	11%
Two Full-Time Positions	2	0%
More than Two Positions	73	2%
Total	**3,095**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	63	2%
1 to 9 Hours	86	3%
10 to 19 Hours	142	5%
20 to 29 Hours	275	9%
30 to 39 Hours	960	31%
40 to 49 Hours	1,389	45%
50 to 59 Hours	90	3%
60 to 69 Hours	21	1%
70 to 79 Hours	16	1%
80 or More Hours	17	1%
Total	**3,059**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Earnings	**#**	**%**
Volunteer Work Only	12	0%
Less than $10,000	66	3%
$10,000-$19,999	75	3%
$20,000-$29,999	111	4%
$30,000-$39,999	234	9%
$40,000-$49,999	607	23%
$50,000-$59,999	747	28%
$60,000-$69,999	434	17%
$70,000-$79,999	230	9%
$80,000-$89,999	83	3%
$90,000-$99,999	15	1%
$100,000 or More	21	1%
Total	**2,635**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $50k-$60k

Benefits
Health Insurance: 58%
Retirement: 59%

Satisfaction
Satisfied: 97%
Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	2,120	69%
Somewhat Satisfied	846	28%
Somewhat Dissatisfied	70	2%
Very Dissatisfied	32	1%
Total	**3,067**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical PTA earns between $50,000 and $60,000 per year. In addition, 80% of PTAs receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Vacation	2,209	73%	76%
Retirement	1,788	59%	61%
Health Insurance	1,754	58%	60%
Dental Insurance	1,654	55%	57%
Paid Sick Leave	1,552	52%	54%
Group Life Insurance	1,117	37%	38%
Signing/Retention Bonus	164	5%	6%
At Least One Benefit	**2,417**	**80%**	**83%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	50	1%
Experience Voluntary Unemployment?	156	5%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	184	5%
Work Two or More Positions at the Same Time?	656	19%
Switch Employers or Practices?	300	9%
Experienced At Least One	**1,064**	**31%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's PTAs experienced involuntary unemployment at some point in 2018. By comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working At This Location	60	2%	68	8%
Less Than 6 Months	208	7%	139	16%
6 Months to 1 Year	278	9%	132	15%
1 to 2 Years	799	26%	192	22%
3 to 5 Years	701	23%	182	21%
6 to 10 Years	485	16%	91	10%
More Than 10 Years	515	17%	75	9%
Subtotal	**3,047**	**100%**	**879**	**100%**
Did Not Have Location	40		2,487	
Item Missing	300		21	
Total	**3,387**		**3,387**	

Source: Va. Healthcare Workforce Data Center

Nearly three-quarters of all PTAs receive an hourly wage at their primary work location, while 17% receive a salary or commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 5%

Turnover & Tenure

Switched Jobs: 9%
New Location: 25%
Over 2 Years: 56%
Over 2 Yrs, 2nd Location: 40%

Employment Type

Hourly Wage: 74%
Salary/Commission: 17%

Source: Va. Healthcare Workforce Data Center

More than half of all PTAs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	**#**	**%**
Hourly Wage	1,883	74%
Salary/Commission	425	17%
By Contract	207	8%
Business/Practice Income	15	1%
Unpaid	7	0%
Subtotal	**2,537**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate from December 2018 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	59%
Lowest Region:	2%

Locations

2 or More (Past Year):	29%
2 or More (Now*):	27%

Source: Va. Healthcare Workforce Data Center

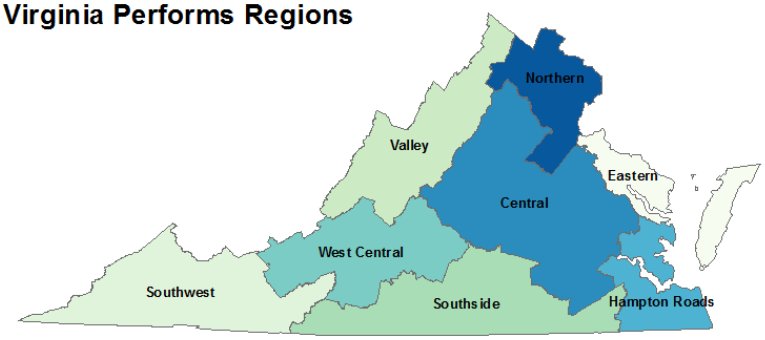
Nearly three out of every five PTAs work in either Hampton Roads, Northern Virginia, or Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	484	16%	144	16%
Eastern	70	2%	22	2%
Hampton Roads	757	25%	208	23%
Northern	558	18%	153	17%
Southside	180	6%	52	6%
Southwest	315	10%	97	11%
Valley	191	6%	51	6%
West Central	452	15%	131	15%
Virginia Border State/DC	12	0%	4	0%
Other US State	23	1%	26	3%
Outside of the US	0	0%	1	0%
Total	**3,042**	**100%**	**889**	**100%**
Item Missing	303		13	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



More than one-quarter of all PTAs currently have multiple work locations, and 29% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in 2018		Work Locations Now*	
	#	%	#	%
0	27	1%	62	2%
1	2,139	70%	2,190	71%
2	468	15%	450	15%
3	297	10%	285	9%
4	53	2%	24	1%
5	29	1%	19	1%
6 or More	53	2%	37	1%
Total	**3,066**	**100%**	**3,066**	**100%**

*At the time of survey completion, December 2018.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,130	72%	717	84%
Non-Profit	643	22%	94	11%
State/Local Government	109	4%	28	3%
Veterans Administration	16	1%	1	0%
U.S. Military	50	2%	11	1%
Other Federal Government	5	0%	3	0%
Total	**2,953**	**100%**	**854**	**100%**
Did Not Have Location	40		2,487	
Item Missing	394		45	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

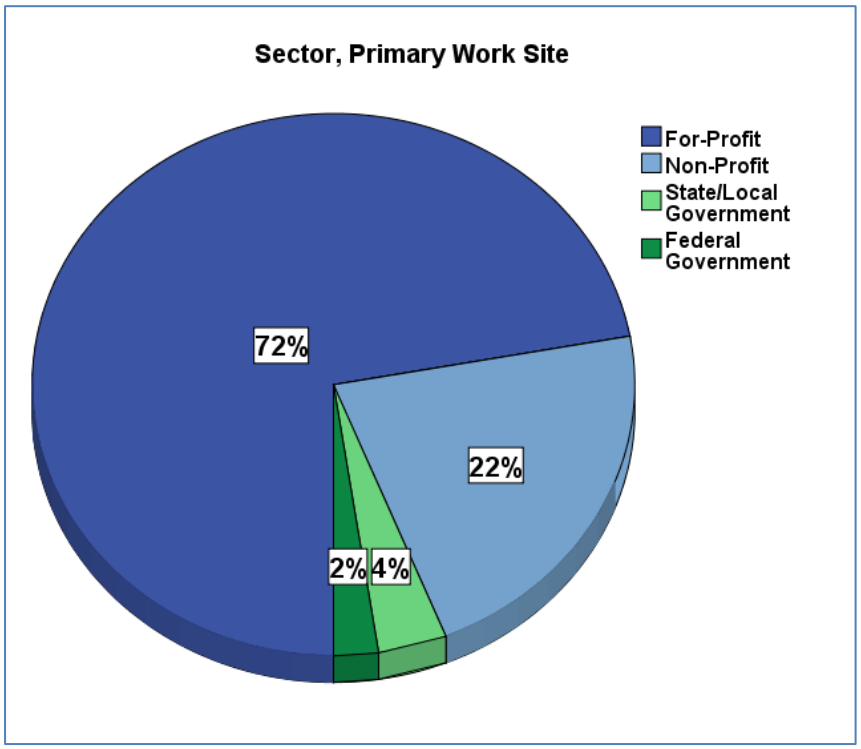
For Profit:	72%
Federal:	2%

Top Establishments

Skilled Nursing Facility:	24%
Home Health Care:	22%
Outpatient Rehab.:	19%

Source: Va. Healthcare Workforce Data Center

Nearly 95% of all PTAs work in the private sector, including 72% who work at for-profit establishments. Another 2% of Virginia's PTA workforce are employed by the federal government.



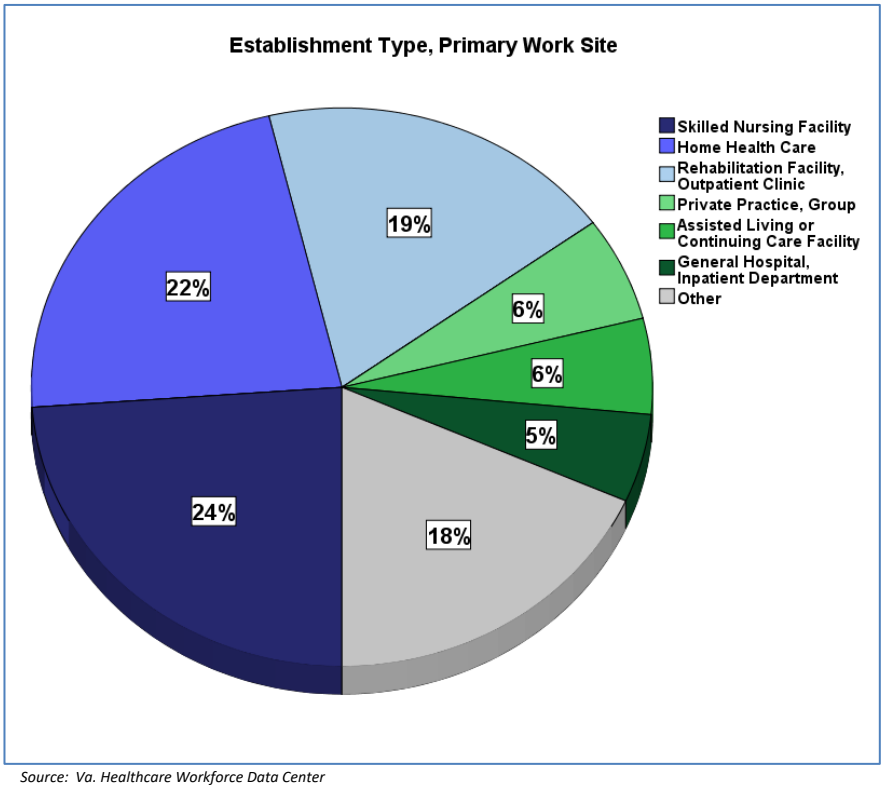
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	686	24%	241	29%
Home Health Care	643	22%	198	24%
Rehabilitation Facility, Outpatient Clinic	539	19%	99	12%
Private Practice, Group	174	6%	40	5%
Assisted Living or Continuing Care Facility	159	6%	68	8%
General Hospital, Inpatient Department	147	5%	47	6%
General Hospital, Outpatient Department	125	4%	10	1%
Rehabilitation Facility, Residential/Inpatient	122	4%	63	7%
Private Practice, Solo	83	3%	24	3%
K-12 School System	36	1%	6	1%
Academic Institution	30	1%	12	1%
Physician Office	21	1%	1	0%
Other	110	4%	33	4%
Total	**2,875**	**100%**	**842**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all PTAs work in skilled nursing facilities. Another 22% work in home health care establishments.

Among PTAs who also have a secondary work location, 29% work at skilled nursing facilities and 24% work at home health care establishments.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

A Typical PTA's Time

Patient Care:	90%-99%
Administration:	1%-9%

Roles

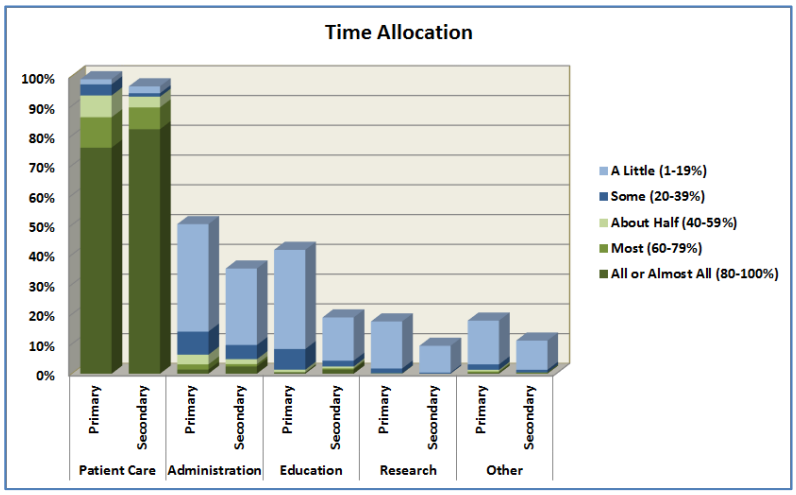
Patient Care:	86%
Administrative:	3%
Education:	1%

Patient Care PTAs

Median Admin Time:	0%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical PTA spends nearly all of her time in patient care activities. In fact, 86% of all PTAs fill a patient care role, defined as spending at least 60% of her time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	76%	82%	1%	2%	0%	1%	0%	0%	0%	0%
Most (60-79%)	10%	7%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	7%	4%	3%	2%	1%	1%	0%	0%	1%	0%
Some (20-39%)	4%	1%	8%	5%	7%	2%	2%	0%	2%	1%
A Little (1-19%)	2%	2%	36%	26%	33%	15%	16%	9%	15%	10%
None (0%)	1%	3%	50%	65%	58%	81%	82%	91%	82%	88%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All PTAs		PTAs Over 50	
	#	%	#	%
Under Age 50	131	5%	-	-
50 to 54	129	5%	4	1%
55 to 59	348	13%	43	7%
60 to 64	777	28%	176	27%
65 to 69	921	34%	294	45%
70 to 74	225	8%	82	13%
75 to 79	38	1%	11	2%
80 or Over	25	1%	6	1%
I Do Not Intend to Retire	150	5%	37	6%
Total	**2,745**	**100%**	**653**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All PTAs

Under 65: 50%

Under 60: 22%

PTAs 50 and Over

Under 65: 34%

Under 60: 7%

Time Until Retirement

Within 2 Years: 3%

Within 10 Years: 14%

Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

Half of all PTAs expect to retire before the age of 65. Among PTAs who are age 50 and over, 34% still expect to retire by age 65.

Within the next two years, 27% of all PTAs expect to pursue additional educational opportunities, and 13% expect to increase their patient care hours.

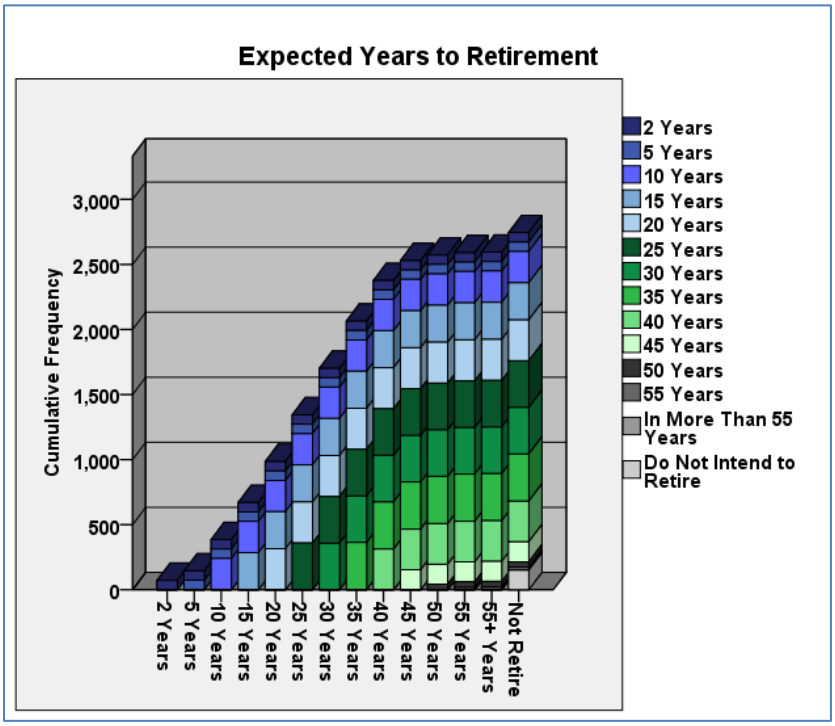
Future Plans		
Two Year Plans:	#	%
Decrease Participation		
Leave Profession	49	1%
Leave Virginia	131	4%
Decrease Patient Care Hours	233	7%
Decrease Teaching Hours	16	0%
Increase Participation		
Increase Patient Care Hours	439	13%
Increase Teaching Hours	295	9%
Pursue Additional Education	902	27%
Return to Virginia's Workforce	16	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for PTAs. Only 3% of PTAs expect to retire within the next two years, while 14% expect to retire in the next ten years. Half of the current PTA workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	72	3%	3%
5 Years	73	3%	5%
10 Years	240	9%	14%
15 Years	285	10%	24%
20 Years	315	11%	36%
25 Years	359	13%	49%
30 Years	357	13%	62%
35 Years	363	13%	61%
40 Years	312	11%	87%
45 Years	153	6%	92%
50 Years	42	2%	94%
55 Years	18	1%	94%
In More Than 55 Years	4	0%	94%
Do Not Intend to Retire	150	5%	100%
Total	**2,745**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2033. Retirement will peak at 13% of the current workforce between 2043 and 2053 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total:	2,802
FTEs/1,000 Residents[2]:	0.33
Average:	0.84

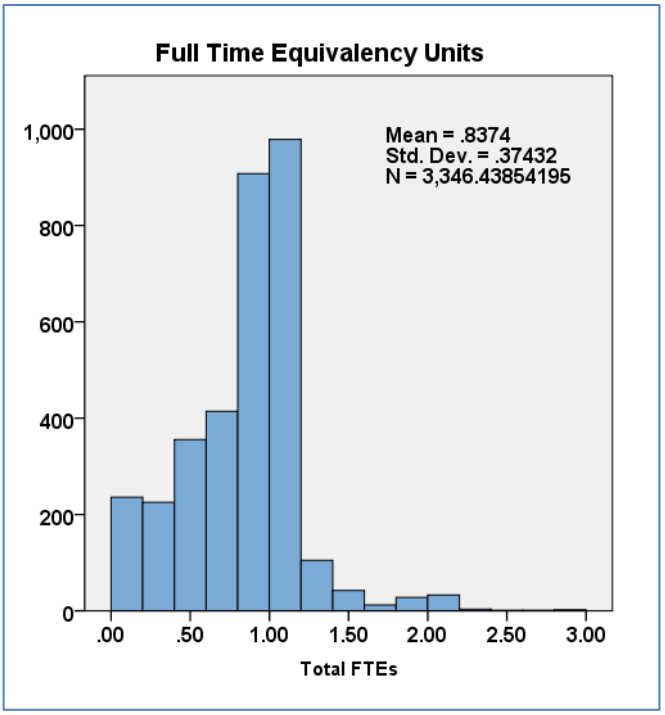
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

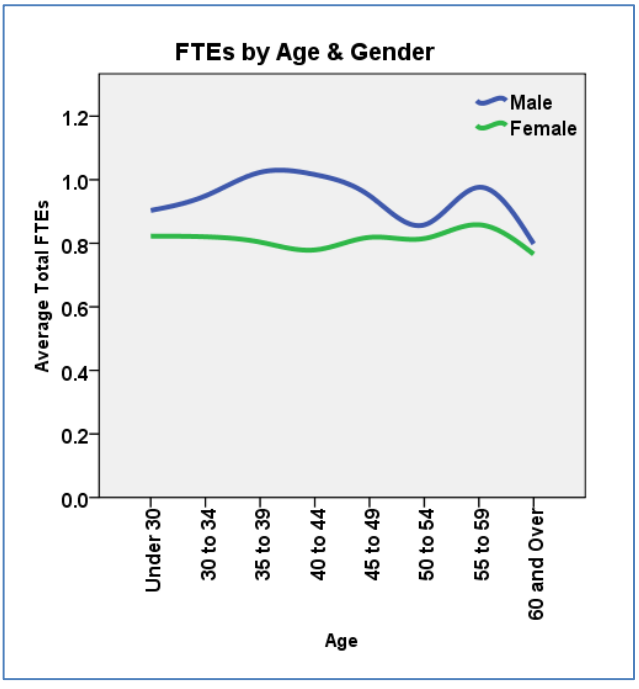


Source: Va. Healthcare Workforce Data Center

The typical PTA provided 0.93 FTEs in 2018, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.84	0.93
30 to 34	0.86	0.96
35 to 39	0.87	0.94
40 to 44	0.83	0.89
45 to 49	0.84	0.85
50 to 54	0.86	0.94
55 to 59	0.83	0.91
60 and Over	0.74	0.68
Gender		
Male	0.94	0.99
Female	0.81	0.90

Source: Va. Healthcare Workforce Data Center

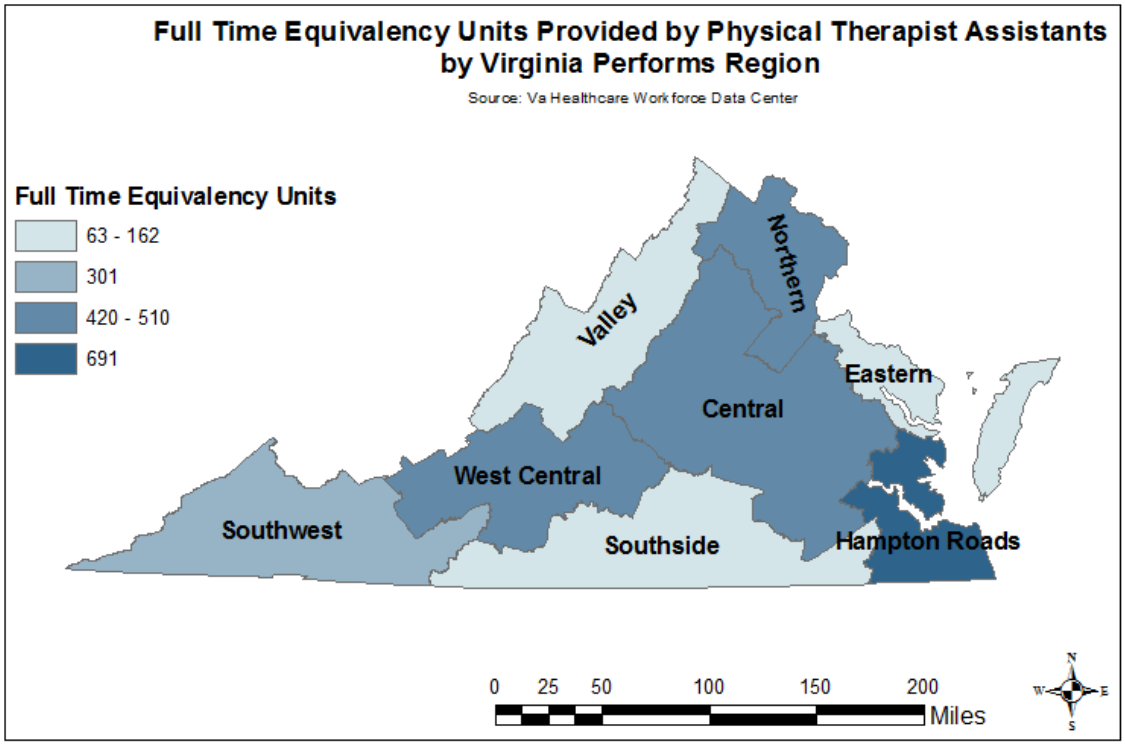


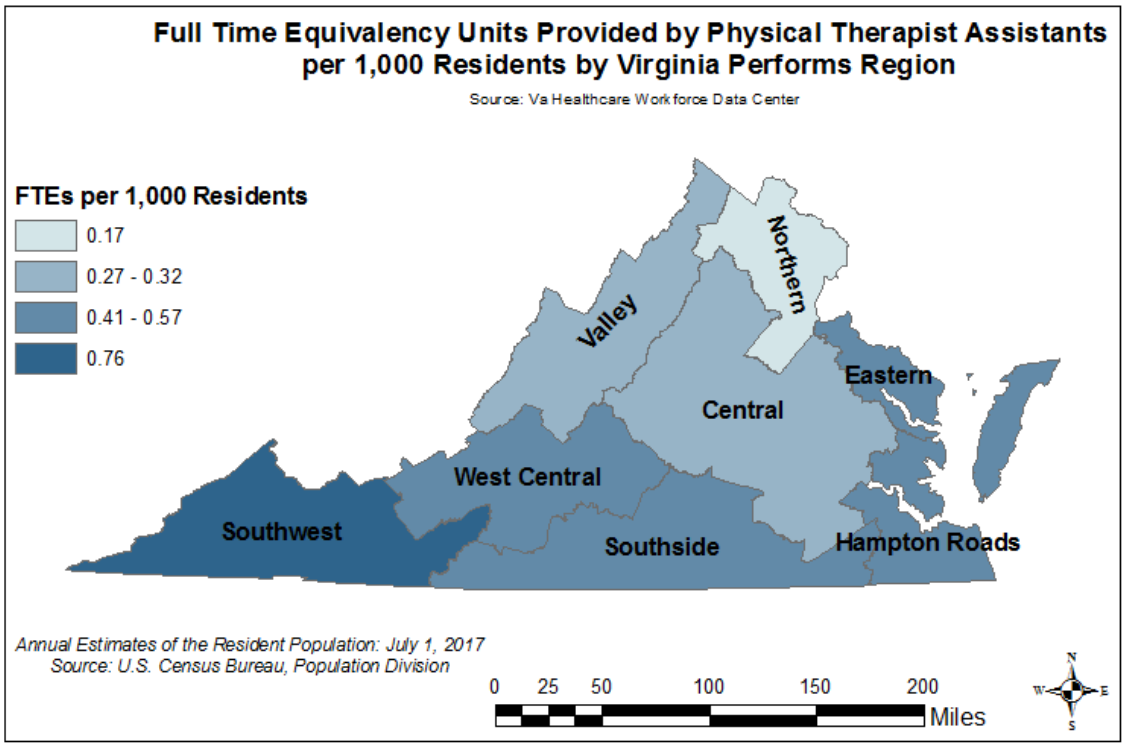
Source: Va. Healthcare Workforce Data Center

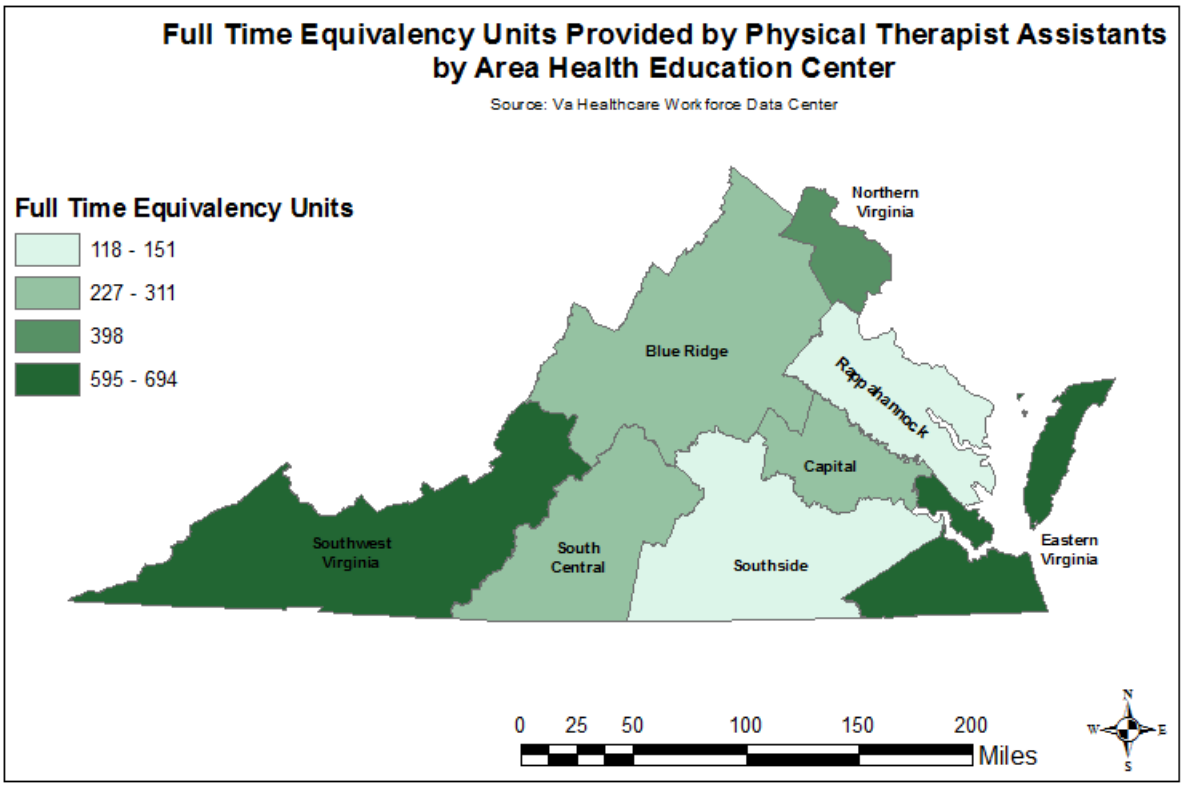
[2] Number of residents in 2017 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

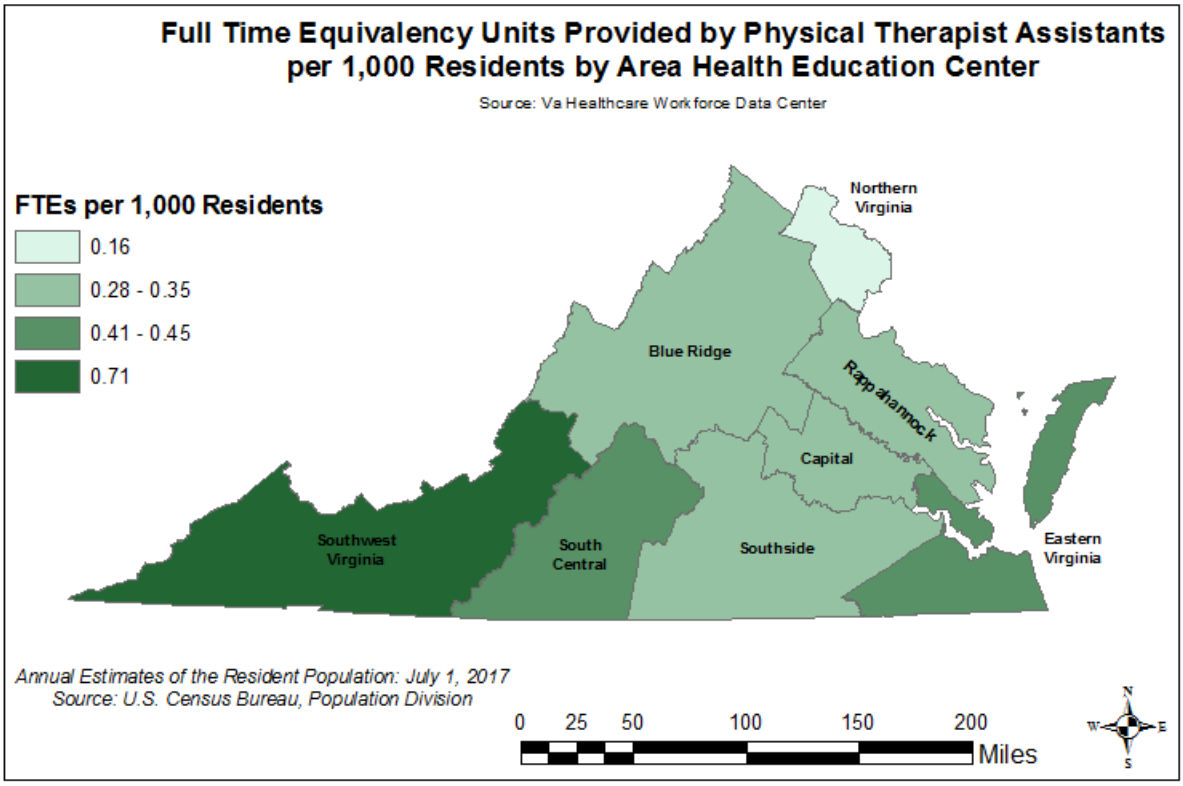
Maps

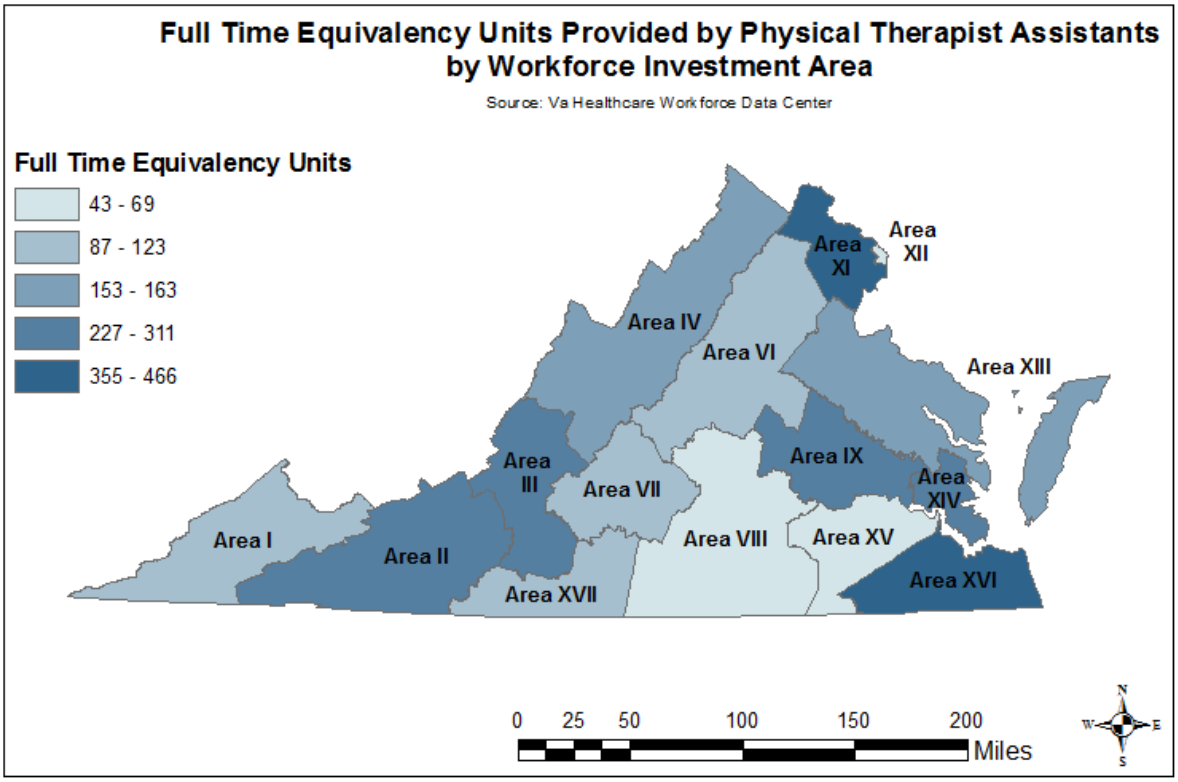
Virginia Performs Regions

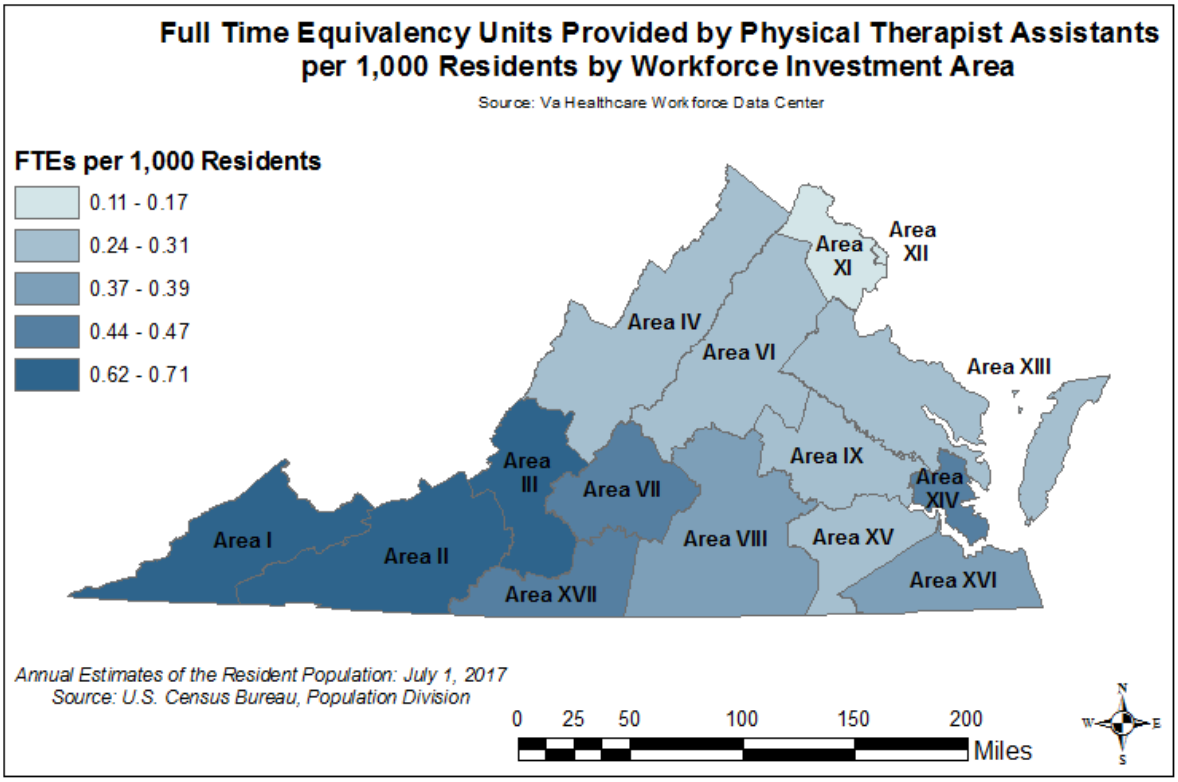


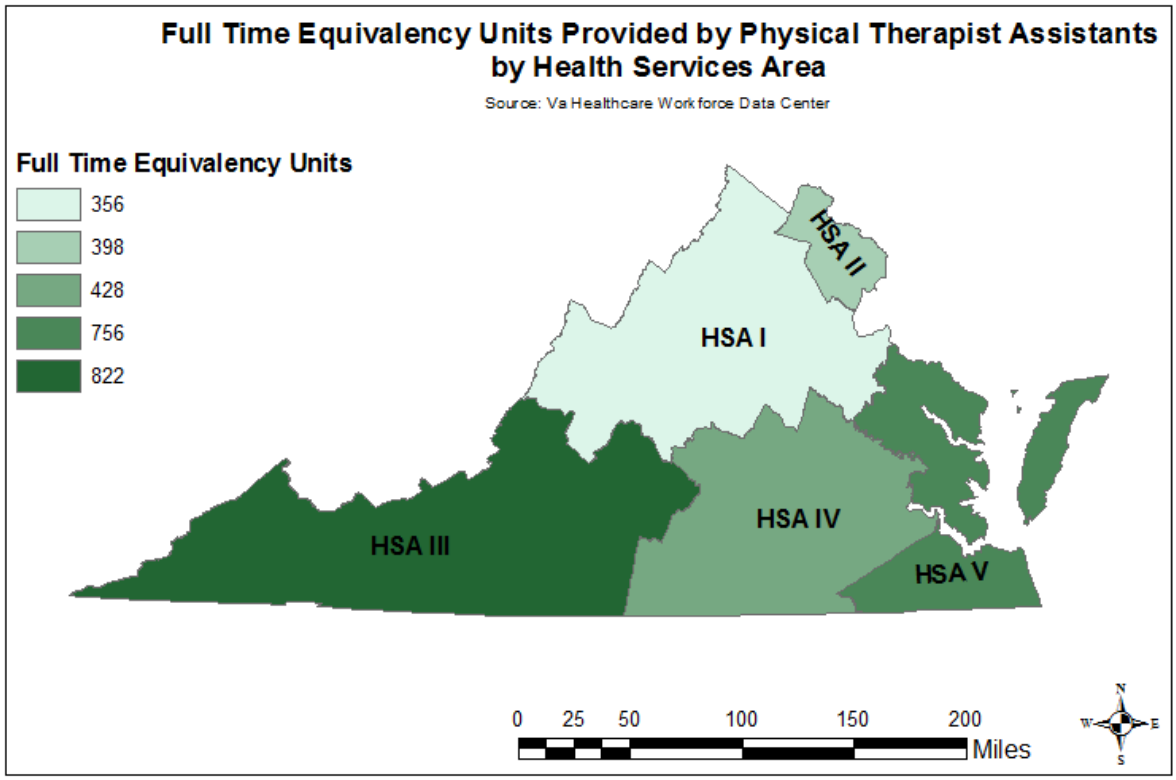


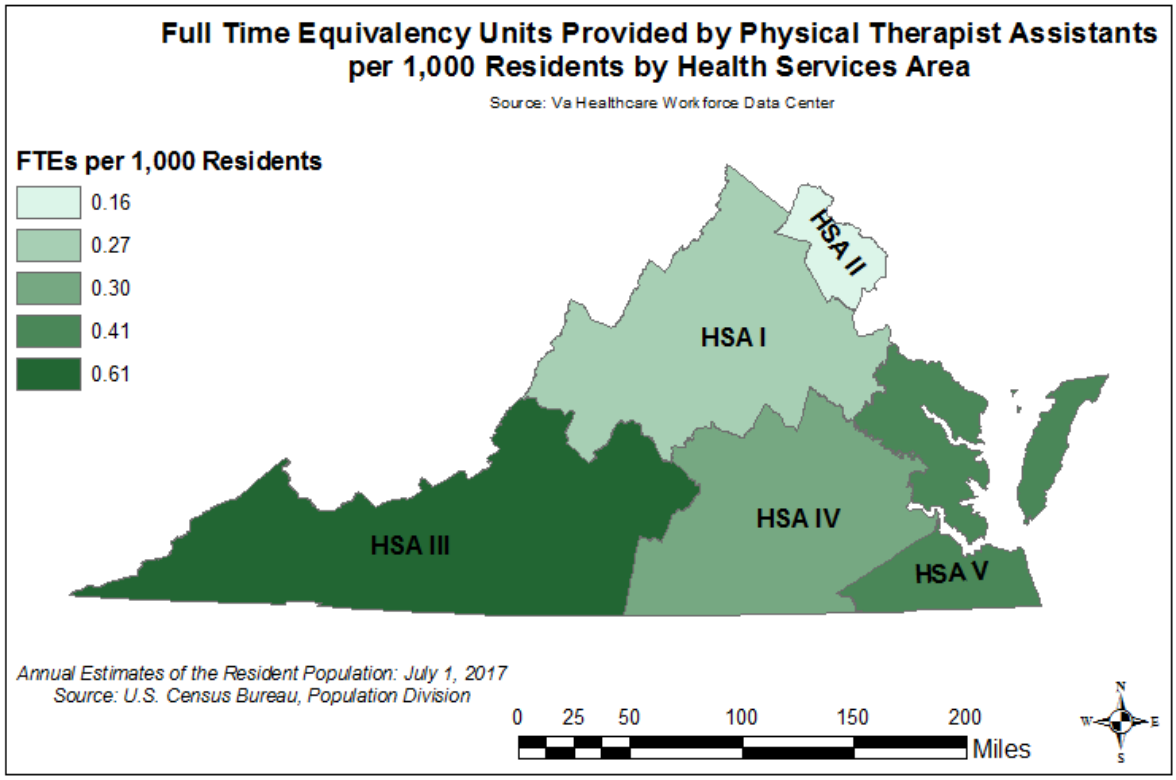

Full Time Equivalency Units Provided by Physical Therapist Assistants by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
118 - 151
227 - 311
398
595 - 694
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
0 25 50 100 150 200
Miles
N
W
E
S

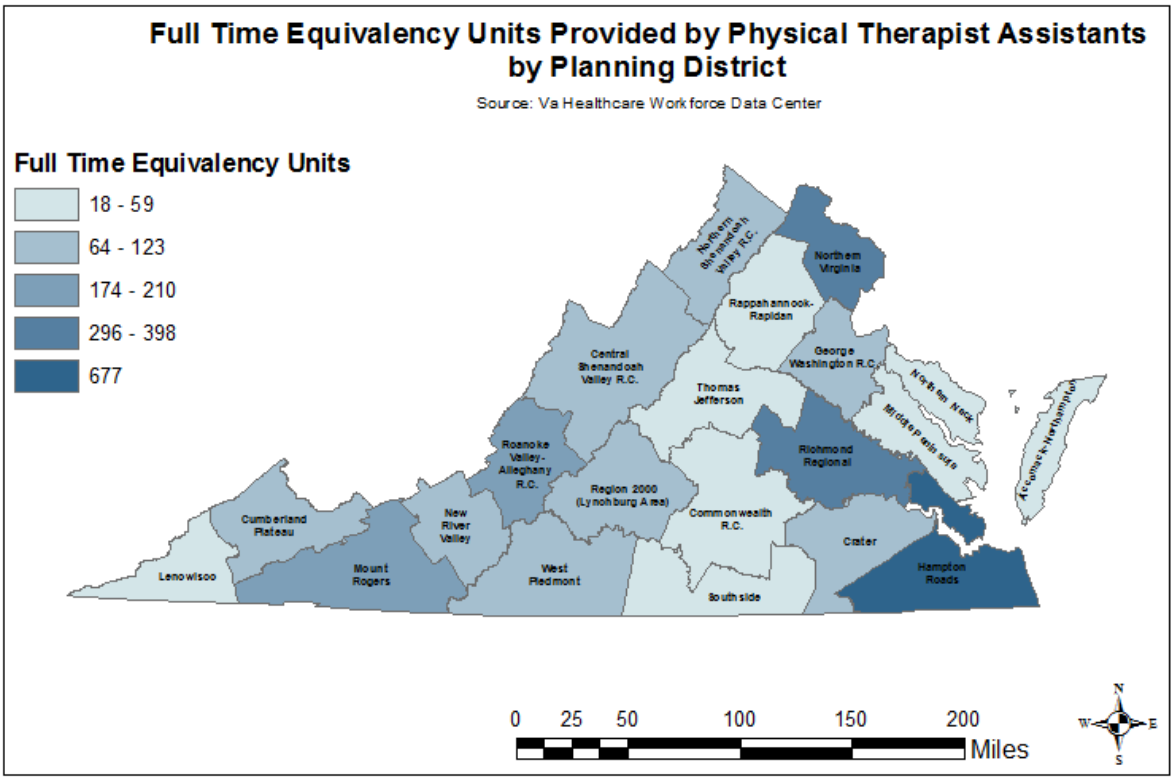

Full Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.16
0.28 - 0.35
0.41 - 0.45
0.71
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

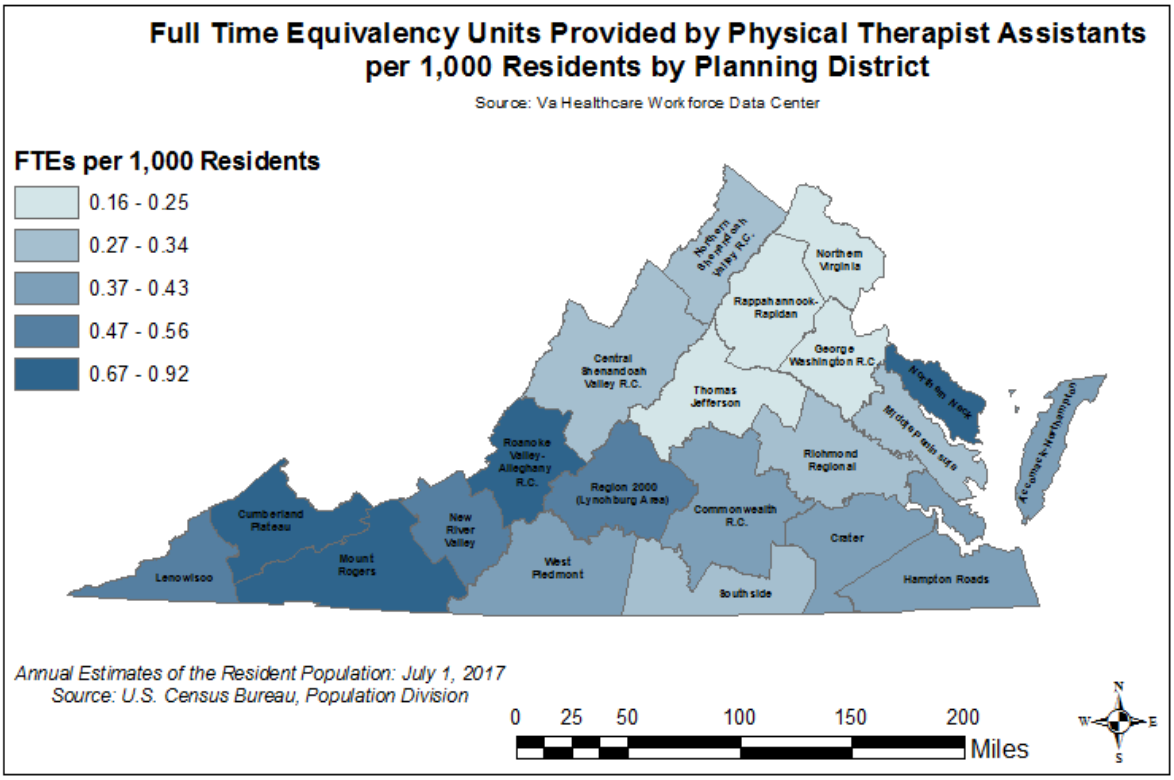

Full Time Equivalency Units Provided by Physical Therapist Assistants by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
43 - 69
87 - 123
153 - 163
227 - 311
355 - 466
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.11 - 0.17
0.24 - 0.31
0.37 - 0.39
0.44 - 0.47
0.62 - 0.71
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Physical Therapist Assistants by Health Services Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
356
398
428
756
822
HSA I
HSA II
HSA III
HSA IV
HSA V
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.16
0.27
0.30
0.41
0.61
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Physical Therapist Assistants by Planning District
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
18 - 59
64 - 123
174 - 210
296 - 398
677
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
Southside
Hampton Roads
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Physical Therapist Assistants per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.16 - 0.25
0.27 - 0.34
0.37 - 0.43
0.47 - 0.56
0.67 - 0.92
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Lenowisco
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	1,863	84.27%	1.186624	1.089084	1.406949
Metro, 250,000 to 1 Million	466	87.77%	1.139364	1.045709	1.350914
Metro, 250,000 or Less	240	90.42%	1.105991	1.015079	1.311344
Urban Pop 20,000+, Metro Adj	82	97.56%	1.025	0.940745	1.215315
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	179	86.59%	1.154839	1.059911	1.369262
Urban Pop, 2,500-19,999, Non-Adj	159	89.31%	1.119718	1.027678	1.32762
Rural, Metro Adj	94	85.11%	1.175	1.078415	1.393166
Rural, Non-Adj	46	89.13%	1.121951	1.029727	1.330268
Virginia Border State/DC	291	68.04%	1.469697	1.348888	1.742581
Other US State	310	63.87%	1.565657	1.43696	1.856358

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	687	69.87%	1.43125	1.215315	1.856358
30 to 34	654	82.26%	1.215613	1.032212	1.576673
35 to 39	478	85.36%	1.171569	0.994813	1.519546
40 to 44	421	90.26%	1.107895	0.940745	1.43696
45 to 49	506	89.72%	1.114537	0.946386	1.445576
50 to 54	352	87.78%	1.139159	0.967292	1.47751
55 to 59	314	89.49%	1.117438	1.023822	1.449337
60 and Over	318	75.47%	1.325	1.125096	1.718549

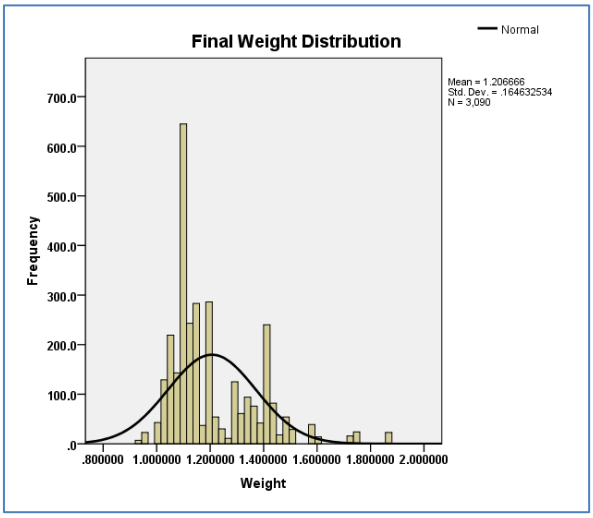
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.828418**



Source: Va. Healthcare Workforce Data Center