

Statute 214.002 EVIDENCE IN SUPPORT OF Regulation.

H.F. 3056 – A bill to allow physical therapists to certify individuals for disability parking privileges

Subd. 2. Content of report

1. *The harm to the public that is or could be posed by the unregulated practice of the occupation or by continued practice at its current degree of regulation;*

HF 3056 does not seek a change in the regulation of the practice of physical therapy. Instead it amends statute 169.345, a law that relates to disability parking privileges. The bill would add physical therapists to the list of health professionals who can certify that an individual meets the definition of a “physically disabled person” for the purposes of parking privileges.

2. *Any reason why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public;*

Existing disability parking law 169.345 does not include the physical therapist and as a result, individuals seeking parking permits may incur the unnecessary additional costs of an office visit with another provider and the delay of the certification.

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

3. *Why the proposed level of regulation is being proposed and why, if there is a lesser degree of regulation, it was selected;*

This proposal is not seeking any change in the regulation of physical therapists.

4. *Any associations, organizations, or other groups representing the occupational group and whether they are identical or similar to those performed by another occupational group or groups;*

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

5. *The functions typically performed by members of this occupational group and whether they are identical or similar to those performed by another occupational group or groups;*

Physical therapists (PTs) are specialists in movement and mobility across the lifespan. PTs function in many differing settings providing health, wellness and prevention services, habilitation, and rehabilitation. PTs use independent clinical decision making to assess and evaluate patients/clients, determine the course of care and manage that care. PTs routinely measure mobility and falls risk in the clinical setting.

While some of these functions are similar to those performed by other occupational groups, physical therapists optimize movement to improve the human experience.

6. *Whether any specialized training, education, or experience is required to engage in the occupation and, if so, how current practitioners have acquired that training, education or experience.*

Physical therapists must graduate from an accredited program in physical therapy that includes over 40 weeks of full-time clinical training. All physical therapy programs must award a Doctor of Physical Therapy degree, reflecting training as front line providers for movement and mobility problems across the lifespan. Physical therapists must pass a National exam and many go on to become Board Certified in a specialty areas which include neurological, orthopedics, pediatrics, geriatrics, sports, women's health, cardiovascular and pulmonary, and clinical electrophysiology.

7. *Whether the proposed regulation would change the way practitioners of the occupation acquire any necessary specialized training, education, or experience and, if so, why;*

This proposal does not seek to change the regulation of physical therapists.

8. *Whether any current practitioners of the occupation in Minnesota lack whatever specialized training, education, or experience might be required to engage in the occupation and if so, how the proposed regulation would address that lack;*

The decision making required under the disability parking statute 169.345 is the same as the decision making physical therapists do in the clinic as a part of routine care:

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

9. *Whether new entrants into the occupation would be required to provide evidence of any necessary training, education, or experience, or to pass examination, or both.*

Because all education programs in physical therapy must be accredited, all programs must meet national standards including the rigor of a medical doctoral program designed to train first line providers. All students entering the profession today are Doctors of Physical Therapy who then go on to sit for the National exam. Having met those standards and others, they are licensed in Minnesota under the Board of Physical Therapy. There is no further requirement under this proposal.

10. *Whether current practitioners would be required to provide evidence of any necessary training, education, or experience, or to pass an examination, and, if not, why not;*

This proposal does not required any additional evidence of competency beyond licensure.

11. *The expected impact of the proposed regulation on the supply of practitioners of the occupation and the cost of services or goods provided by the occupation.*

This proposal will have no impact on the supply of physical therapists or on the cost of physical therapy services. However, the cost of unnecessary clinic visits to other providers and the delay in certification is a cost to the consumer today.

Subd. 3.

1. *Typical work settings and conditions for practitioners of the occupation;*

Physical therapists work in a wide variety of settings including but not limited to hospitals, clinics, long term care facilities, home care, schools, industry, and health clubs. Many physical therapists own their own practices, but by far more PTs work for hospitals and other corporate entities or practices owned by physicians and others.

2. *Whether the practitioners of the occupation work without supervision or are supervised and monitored by a regulated institution or by regulated health professionals.*

Physical therapists work without supervision and oversight is provided by the Minnesota Board of Physical Therapy which was created as a result of a 1999 statutory change to the PT Practice Act.