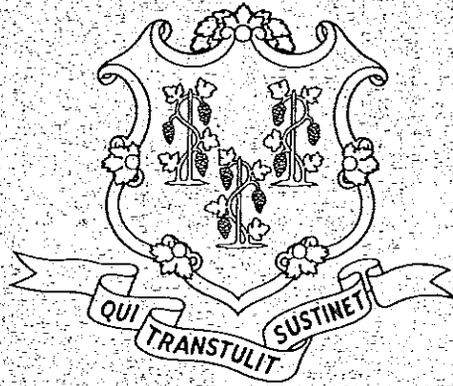


Connecticut General Assembly



**Legislative Program Review
and Investigations Committee**

SUNSET REVIEW

**Board of
Examiners for Physical Therapists**

Vol. II-2

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CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

The Committee is composed of twelve members, three each appointed by the Senate President Pro Tempore and Minority Leader, and the Speaker of the House and Minority Leader.

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TABLE OF CONTENTS

	SUMMARY.....	ii
I.	INTRODUCTION.....	1
	Purpose.....	1
	Methodology.....	2
	Organization of the Report.....	3
II.	ENTITY PROFILE.....	4
	Background.....	4
	Structure.....	5
	Purpose and Functions.....	5
	Activities.....	6
III.	ANALYSIS AND ISSUE IDENTIFICATION.....	11
IV.	FINDINGS AND RECOMMENDATIONS.....	15
	APPENDICES.....	18
	A. Summary Sheet.....	18
	B. Option Paper.....	20
	C. Questionnaire (Board of Examiners)....	21
	D. Questionnaire (Physical Therapists)...	29
	E. Legislative Changes.....	32

SUMMARY

The current five-member Connecticut State Board of Examiners for Physical Therapists includes two physical therapists, two physicians, and one public member. All appointments are made by the governor and are coterminous with the appointing authority's term. (It should be noted, however, that the statute now requires the appointment of an additional public member to replace one physician.) For organizational and administrative purposes, the board is within the Department of Health Services. DOHS receives and processes complaints, and applications for licensure and renewal. They also administer the exam and provide clerical assistance. These services require the aid of two DOHS employees on a part-time basis.

The board's primary responsibility in regulating the profession is to insure minimum and continual levels of acceptable competence. In fulfilling its role, the board has the following functions under the current regulatory structure:

- deciding eligibility for licensure;
- approving schools with physical therapy programs;
- licensing out-of-state residents and foreign graduates;
- selecting the examination;
- issuing temporary permits;
- hearing complaints; and
- adjudicating charges of misconduct and imposing sanctions.

The board is required to receive DOHS consent on the approval of schools and choice of examination. All individuals who fail the examination must have approval from DOHS to retake the exam.

For the fiscal year ending June 30, 1979, the Board of Examiners expended \$11,005. Fees generated from examinations, licensure and licensure renewals amounted to \$8,207. Unlike most regulatory programs, the fees of this one do not cover expenditures. This is due to the fact that the examination fee is set by statute at \$30 when the actual cost of the exam alone, not including its administration, is nearer to \$50.

The Legislative Program Review and Investigations Committee identified four issues during the performance audit. The issues identified were: 1) continuation/termination of the Board of Examiners for Physical Therapists; 2) licensing as the most appropriate level of regulation; 3) bringing the regulation of physical therapists in conformance with 1980 sunset legislation; and 4) increasing the current \$30 examination fee.

In response to the issues identified the Legislative Program Review and Investigations Committee made the following recommendations:

I. The Legislative Program Review and Investigations Committee recommends that the Board of Examiners for Physical Therapists be terminated and the Department of Health Services assume the board's regulatory functions.

II. The Legislative Program Review and Investigations Committee recommends that licensing, as defined by P.A. 80-484 be maintained as the most appropriate level of regulation.

III. The Legislative Program Review and Investigations Committee recommends that the regulatory program for physical therapists be brought into conformance with Public Act 80-484.

IV. The Legislative Program Review and Investigations Committee recommends that the examination fees be increased to cover the actual cost of the exam.



INTRODUCTION

Purpose and Authority for the Sunset Review

Chapter 28 of the Connecticut General Statutes provides for the periodic review of certain governmental entities and programs and for the termination or modification of those which do not significantly benefit the public health, safety, or welfare. This so-called "sunset" law was enacted in response to a legislative finding that there had been a proliferation of governmental entities and programs without sufficient legislative oversight.

The authority for undertaking the initial review in this oversight process is vested in the Legislative Program Review and Investigations Committee. This committee is charged under the provisions of section 2c-3 of chapter 28 with conducting a performance audit of each entity or program scheduled for termination. This audit must take into consideration, but is not limited to, the four criteria set forth in section 2c-7. These criteria include: (1) whether termination of the entity or program would significantly endanger the public health, safety, or welfare; (2) whether the public could be adequately protected by another statute, entity or program or by a less restrictive method of regulation; (3) whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services and, if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and (4) whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

In addition to the criteria just outlined, the Legislative Program Review and Investigations Committee is required, when reviewing regulatory entities or programs, to consider, among other things: (1) the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program; (2) the extent to which the governmental entity involved has complied with federal and state affirmative action requirements; (3) the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated; (4) the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and (5) the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to review.

In accordance with its legislative mandate the Legislative Program Review and Investigations Committee reviewed twelve entities and programs scheduled to terminate July 1, 1981. Contained in this report to the General Assembly is the result of the committee's review of the

Methodology

The Legislative Program Review and Investigations Committee's sunset review began with the transformation of the general and regulatory specific criteria into an analytical framework consisting of fifteen broadly based research questions. The questions, or areas of inquiry, were directed at uncovering information about the background, purpose, functions and results of each entity or program being reviewed.

Several methods were used by the committee and staff to obtain information. These included: (1) a review of the Connecticut statutes, records, minutes and history related to each entity or program; (2) a review of the relevant policies and statutes of selected states; (3) staff observations of selected meetings held by each entity between January and August of 1980; (4) surveys of persons serving on, staffing, or affected by each entity or program; (5) interviews of selected persons serving on, staffing or affected by each entity or program; and (6) written or oral testimony obtained at public hearings and workshops.

The general sequence adhered to in conducting the review was for the committee staff to collect quantitative and qualitative data from documents (e.g., statutes, records, minutes, etc.), surveys, observations of meetings and interviews. This information, after being organized by the staff, was given to each committee member. Subsequently, it was discussed with the full committee at briefing sessions held prior to public hearings.

A total of five public hearings were held. Four were confined to specific topics and one was a general session. The hearings gave persons connected with each entity or program being reviewed an opportunity to discuss with committee members the public need for its reestablishment. In two instances, one involving the Commission on Hospitals and Health Care and the other involving the mental health boards, the committee held an additional workshop session with invited individuals. The purpose of these sessions was to obtain information not covered during the two scheduled public hearings.

Each public hearing or workshop was followed by a debriefing session. Here, questions arising from any of the committee's previous meetings were discussed with the staff. The primary focus of these discussions was to identify issues that the committee felt it needed to address.

At the completion of the issue identification stage, the staff researched and developed a range of options related to each issue. The particular option recommended by the staff, along with all the other options, were then given to the committee members for their discussion and action.

Organization of the Report

This introductory section is designed to give an overview of the scope, methods and organization of the Legislative Program Review and Investigations Committee's sunset report on the Board of Examiners for Physical Therapists. Section II, Entity Profile, describes the background, structure, purpose and major activities of the board. Section III, Analysis and Issue Identification, explores the information collected from interviews, records, surveys and testimony at the public hearing. In this section the major sunset review issues identified by the committee are presented. Section III, Findings and Recommendations, restates the issues identified in the previous section and outlines the related options considered by the Legislative Program Review and Investigations Committee. Each issue is followed by the committee's formal recommendation and its accompanying rationale. The appendices to the report make up the final section. These include the questionnaires used in conducting the performance audit, with the tabulated responses, a list of the legislative changes needed to implement the recommendations and selected other materials considered by the committee during this sunset review.

ENTITY PROFILE

Background

A physical therapist plans and administers physical therapy treatment programs for medically referred patients to restore function, relieve pain, and prevent disability following disease, injury or loss of a body part. Physical therapy is used in many disciplines of medicine, including neurosurgery, orthopedics, general surgery, pediatrics and geriatrics.

Physical therapists function in a wide variety of settings within the medical community. Most familiar, perhaps, is the hospital-based therapist, who may be either a member of the staff or working under contract. Therapists also plan, provide and supervise direct patient care and evaluation in out-patient clinics, rehabilitation centers, home care agencies, schools, nursing homes, private offices and voluntary health agencies. Physical therapists always work in conjunction with a physician.

Currently, all states license the practice of physical therapy, and some states also include physical therapist assistants. In 25 states the regulatory authority is vested in a board of physical therapists, in 19 states physical therapists are licensed under the medical examining board, and in 6 states the regulatory authority is placed with the department of health.

In Connecticut, physical therapists were first licensed by the General Assembly in 1941. Chapter 156a of the Connecticut General Statutes defined the practice of "physiotherapy" and established the Connecticut Board of Examiners for Physiotherapy Technicians. The board, consisting of five physicians, was empowered to write and administer an exam, establish qualifications for applicants intending to take the exam, maintain a list of approved schools, determine improper professional conduct and impose disciplinary sanctions. The public act at that time restricted the practice of physical therapy to licensed individuals only.

In 1953, major changes were made in the regulation of physical therapists. Two physical therapists were added to the board, while two physicians were eliminated. Physical therapy and the physical therapist were redefined to reflect current medical practice. A more specific set of entry

requirements was established by statute and use of the title "registered physical therapist" was restricted to licensed individuals only, although use of physical therapy techniques was not.

The 1959 legislature made further changes in the board's composition by replacing another physician with a physical therapist, giving the regulated profession a majority of the members. Restrictions were again placed upon the use and practice of physical therapy by anyone but a licensed individual, with the exception of those practicing within physicians' offices. This provision is still in effect.

During the 1973 session of the state legislature, an act was passed that delineated a broad range of misconduct which could result in the imposition of disciplinary sanctions. A legislative change in 1980 allows physical therapists to practice without written prescription from a physician. However, a patient seeking the services of a physical therapist must be referred by a physician.

The number of licensed physical therapists grew by 10 percent between the years 1978 and 1979. The Board of Examiners licensed 207 physical therapists in 1979, bringing the total licensed to 2,055, from the previous year's 1,848.

Structure

The current five-member Connecticut State Board of Examiners for Physical Therapists includes two physical therapists, two physicians, and one public member. All appointments are made by the governor and are coterminous with the appointing authority's term. (It should be noted, however, that the statute now requires the appointment of an additional public member to replace one physician.) For organizational and administrative purposes, the board is within the Department of Health Services. DOHS receives and processes complaints, applications for licensure and renewal, administers the exam and provides clerical assistance. These services require the aid of two DOHS employees on a part-time basis.

Purpose and Functions

The board's primary responsibility in regulating the profession is to insure minimum and continual levels of acceptable competence. In fulfilling its role, the board has the following functions under the current regulatory structure:

- deciding eligibility for licensure;
- approving schools with physical therapy programs;
- licensing out-of-state residents and foreign graduates;
- selecting the examination;
- issuing temporary permits;
- hearing complaints; and
- adjudicating charges of misconduct and imposing sanctions.

The board is required to receive DOHS consent on the approval of schools and choice of examination. All individuals who fail the examination must have approval from DOHS to retake the exam.

Fiscal Information

For the fiscal year ending June 30, 1979, the Board of Examiners expended \$11,005. Fees generated from examinations, licensure and licensure renewals amounted to \$8,207. Unlike most regulatory programs, the fees of this one do not cover expenditures. This is due to the fact that the examination fee is set by statute at \$30 when the actual cost of the exam alone, not including its administration, is nearer to \$50.

Activities

Licensing

To receive an initial license an individual must meet the following criteria as a physical therapist:

- complete a four-year program of study approved by the American Physical Therapy Association (APTA);
- receive a passing score of 75 percent in each area of the three-part Physical Therapist Licensing Examination provided by the Professional Examination Service (PES);

- be of good moral character; and
- submit a \$30 application fee.

Examinations are offered in May and October. Individuals who fail the exam may retake it in December, May, or October. An applicant who fails the exam on two occasions may be required by the board to complete additional course requirements.

A licensed physical therapist in another state seeking licensure in Connecticut must pass the national exam given by the Professional Examination Service (New York). An applicant certified by the American Registry of Physical Therapists (ARPT) is eligible for licensure without having to take the PES exam.

Applicants who have graduated from a foreign physical therapy school must furnish documentary evidence that the program completed is equivalent to that provided in American Physical Therapist Association (APTA) approved schools. Equivalency is determined by the Credential Evaluation Service of the International Education Research Foundation, Inc. If equivalency is determined, the applicant is eligible for licensure upon passing the PES exam.

Temporary permits may be issued to recent graduates and physical therapists licensed in other states, allowing them to practice under the direct supervision of a licensed physical therapist. A temporary permit may only be issued if the applicant has been found eligible and has registered for the exam. The temporary permit is valid until the results of the exam are available.

To obtain an initial license the applicant must submit, along with a notarized application, the following:

- a certificate indicating successful completion of a course in physical therapy from the director of the school or photocopy of the diploma;
- a passport-type photograph; and
- a certified check or money order for \$30, made out to the Treasurer, State of Connecticut.

If the applicant's present name is different from that on the diploma, a copy of the applicant's marriage license is also requested.

Applicants holding a license in another state must submit, along with a notarized application, the following:

- a recent passport-type photograph;
- either a photocopy of a diploma from an APTA approved school or a statement from the director of the school indicating successful completion;
- a certified check or money order for \$50 made out to the Treasurer, State of Connecticut; and
- a photocopy of the current license held in the other state or a letter from the Board of Examiners of that state.

In addition, applicants licensed in another state must have their PES exam scores reported to the Division of Medical Quality Assurance by the Interstate Reporting Service. They must also, if certified by the ARPT, enclose a photocopy of their certificate of registration.

The board received 220 applications for licensure between July 1, 1978 and June 30, 1979. The board approved 181 applicants for the exam and rejected two. The remaining 37 applicants had passed the exam previously and were determined qualified for licensure. Of those candidates taking the exam, 124 passed, 41 failed, and 16 did not appear. The board also renewed 1,904 licenses. Table I provides detailed data on licensing for the periods 1977-78 and 1978-79; along with percentage increases for the same period in each category.

Complaint Process

The Board of Examiners has authority to hear all complaints against physical therapists. Complaints are received by the DOHS and transmitted, in writing, to the board, which conducts hearings in accordance with administrative regulations and imposes sanction upon finding cause.

Table I. Licensing for 1977-78 and 1978-79: Physical Therapists.

Period	Total Licenses Issued	# of Licenses Renewed	# of New Licenses Issued	# Licenses without an Exam	Licenses Issued to Applicants Passing Exam	# of Applicants Failing Exam
77-78	1,927	1,787	140	21	119	24
78-79	2,065	1,904	161	37	124	41
% Increase	7%	6%	15%	76%	4%	70%

Source: DOHS and LPR&IC staff analysis.

The following charges are grounds for disciplinary action:

- conviction of any crime involving moral turpitude, a felony, or any crime in the practice of the profession;
- immoral, fraudulent, dishonest, or unprofessional conduct;
- habitual use of alcohol or addiction to drugs;
- deceptive, misleading, extravagant, improbable, or untrue advertising;
- aiding or abetting the unlawful practice of physical therapy;
- practicing physical therapy without a written prescription or referral by a physician or dentist;
- failure to register with the DOHS;
- mental incompetency of the physical therapist;

- fraud or deception in obtaining a license;
and
- violation of Chapter 376 or any regulation promulgated under it.

Upon finding a physical therapist guilty of any of these charges, the board may revoke or suspend the license or censure the individual. Appeals of board actions may be made to Superior Court.

Data supplied by the DOHS indicates that in the years reviewed a total of two complaints were received, both relating to a practitioner's competence. At the time of this review, one complaint was still pending and the other had been resolved informally and dismissed.

ANALYSIS AND ISSUE IDENTIFICATION

The Legislative Program Review and Investigations Committee conducted a detailed survey of both licensed physical therapists and members of the Board of Examiners. Testimony was received from interested parties during a public hearing, and committee staff attended several meetings and reviewed board minutes.

A randomly chosen sample of 300 licensed physical therapists were surveyed, of which 135 responded to the mailed questionnaire (45 percent). Data from the survey indicate that the board's most important roles are to judge the qualifications of applicants, to provide continuous professional review of entry standards, and to protect the public from incompetent practitioners. A survey of board members echoed the feelings of those therapists in the sample.

The sunset criteria require the Legislative Program Review and Investigations Committee to ascertain whether or not the public would be adequately protected by a less restrictive method of regulation than currently exists. In order to determine the views of physical therapists, the random sample was asked to respond to the following:

Table II. Survey of Physical Therapists: Certification.

Certification is the acknowledgement by a state agency that an individual has certain skills; certification does not prevent the practice of an occupation using these skills by people who do not have such a certificate. Certification would protect the public health and safety.

Utilizing the preceding definition, indicate how strongly you agree or disagree with the following statements:

Strongly Agree			Strongly Disagree	
6%	0%	7%	87%	a) Licensing of physical therapists should be replaced by certification
5%	1%	17%	78%	b) Certification of physical therapists would adequately protect public health and safety

Source: LPR&IC Survey

Their responses indicate overwhelming antipathy to replacing licensing with certification on the basis that it would not adequately protect public health and safety. When asked a question concerning the consequences of deregulating the profession, the sample of physical therapists responded as follows:

Table III. Survey of Physical Therapists: Regulation.

To what extent would the following increase or decrease if physical therapists were not regulated?

Significant Increase		No Change		Significant Decrease		
24%	30%	43%	1%	1%		Misdiagnosis
39	47	12	1	1		Improper treatment
24	49	24	2	1		Irreversible harm to the patient
60	28	8	2	2		Number of practitioners
30	34	30	5	1		Economic harm to the consumer
15	5	6	35	40		Quality of services
16	32	36	11	4		Cost of physical therapy services

Source: LPR&IC Survey

Most felt there would be an increase in misdiagnosis, improper treatment, irreversible harm to the patient and economic harm to the consumer, as well as a decrease in quality of service. Testimony from board members and the Connecticut Physical Therapist Association concurred with the findings of the survey and advocated continued licensing for the profession.

In accordance with the sunset statute, the committee must consider whether the termination of the entity under review significantly endangers public health, safety and welfare and if adequate protection would be afforded by another government agency. The legislative intent is to diminish duplication of government agencies and streamline the administrative process. With this in mind, the Committee examined the activities and reasons for continuing or eliminating the board.

The board met seven times during 1979. Minutes, as well as attendance at board meetings, indicate that the board's primary role is to review applications for licensure to determine eligibility for the examination. The DOHS prepares each application and makes a determination as to examination eligibility. DOHS recommendations are most often followed by the board.

The board involvement in complaints has been minimal. As noted earlier, the board has reviewed only two complaints in the period studied.

The Legislative Program Review and Investigations Committee also considered the possibility of bringing the regulation of physical therapists into conformity with 1980 sunset legislation, which revised the regulation of other health care professionals. It was noted that failure to align physical therapists with the other health professions would result in the maintenance of a dual regulatory system within the DOHS.

During the review process, the legislature passed a bill allowing a practitioner to provide physical therapy services without the written prescription or referral of a physician. Under the new law, a physical therapist can proceed with treatment on the verbal orders of a doctor. The committee posed the following question on this issue to the sample of physical therapists:

Would the public's health and safety be adequately protected if physical therapists were allowed to practice without the written prescription/referral of a physician?

48% - Yes

52% - No

In light of the legislation passed in the 1980 session and the differences within the profession, this issue was not pursued further.

Finally, the committee took note of the fiscal deficit currently existing in the program. Research showed that the fee does not cover the actual cost of purchasing and administering the exam. The Connecticut fee of \$30 is well below the regional average of \$52.50. In fact, Connecticut is charging the lowest fee of all states in the region.

Table IV. Examination Fees for Physical Therapists in the Northeast (1980).

Connecticut	\$30.00
Maine	35.00
Massachusetts	50.00
New Hampshire	50.00
New York	80.00
New Jersey	50.00
Pennsylvania	75.00
Rhode Island	50.00

Source: LPR&IC staff survey.

There is also an inequity between the fee charged out-of-state residents and in-state residents for the exam, with the former paying \$50. A search of the legislative history shows that in 1959, the fee for out-of-state residents was raised from \$10 to \$50, while the fee for in-state residents was raised from \$20 to \$25, and then in 1971 raised to \$30. The intent of this legislative action is not apparent in the history.

In summary, the Legislative Program Review and Investigations Committee identified four major issues during the performance audit:

- continuation/termination of the Board of Examiners for Physical Therapists;
- licensing as the most appropriate level of regulation;
- bringing the regulation of physical therapists in conformance with 1980 sunset legislation; and
- increasing the current \$30 examination fee.

FINDINGS AND RECOMMENDATIONS

I. CONTINUATION/REPLACEMENT OF THE BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS

The Legislative Program Review and Investigations Committee considered whether replacing the board's authority with that of the Department of Health Services would significantly endanger public health, safety, or welfare.

The Committee recommends that the Board of Examiners for Physical Therapists be terminated and the DOHS assume the Board's regulatory functions.

The committee determined that the level of regulatory activity the board is currently engaged in does not warrant its continuance as a separate governmental entity. Analysis of the board's current level of activity shows that it has received few complaints in the last two years. None of the complaints received required formal action on the part of the board. As previously discussed, the board's principal function has been to review the applications of prospective candidates for licensing to determine if entry requirements have been met. The Department of Health Services, through its Bureau of Medical Quality Assurance, provides substantial administrative support to the board in its review of applicants. The bureau screens all applicants and presents the necessary paperwork for each applicant at the board's meeting. In most cases, the board simply concurs with the department's recommendation. Further, if the regulation of physical therapy is brought into conformance with the 1980 sunset legislation, as is recommended, the review of applications would be performed by DOHS, leaving the board with little to do.

II. LICENSING AS THE MOST APPROPRIATE LEVEL OF REGULATION

The Legislative Program Review and Investigations Committee considered whether licensing was the most appropriate level of regulation for the practice of physical therapy. Three options to licensing were presented: 1) certification, 2) registration and 3) deregulation.

The Committee recommends that licensing, as defined by P.A. 80-484, be maintained as the most appropriate level of regulation.

Licensing limits the practice of physical therapy to those individuals meeting a specific set of entry standards and

prohibits anyone not licensed from practicing. Certification allows the state to attest to an individual's credentials and restricts the use of a title to certified individuals only, but does not prohibit the practice of the profession by those not certified. Registration places no limits on entry, but would allow for the exit of a practitioner not meeting minimum practice standards. Deregulation would remove all entry requirements as well as any provision for removing an individual from the profession.

Data received from the questionnaire indicated that there would be significant danger to public health and safety if a less restrictive form of regulation replaced licensing. The committee received information that there is potential for serious harm through the misapplication of physical therapy methods. In addition, a physical therapist does not work under the direct supervision of a physician, but rather practices with a certain degree of autonomy, similar to that of a licensed nurse.

III. CONFORMITY WITH THE 1980 SUNSET LEGISLATION

The third issue raised by the LPR&IC was that of bringing the regulation of physical therapists into conformity with 1980 sunset legislation.

The Committee recommends that the regulatory program for physical therapists be brought into conformance with Public Act 80-484.

Uniformity with this legislation would require statutory changes primarily in the following areas:

- the processing and approval of application for licensure;
- the complaint process and disciplinary sanctions; and
- a minor change in entry requirements (the elimination of good moral character as a requirement).

Nonconformity with P.A. 80-484 would mean that DOHS would have to maintain a dual regulatory system. In addition, the sunset legislation would provide for a more effective and efficient regulatory program, assure that qualified applicants be permitted to engage in the profession, and improve the handling and disposition of complaints.

IV. INCREASING EXAMINATION FEE

The committee discovered that the current examination fee of \$30 does not cover the cost of the exam.

The Legislative Program Review and Investigations Committee recommends that the examination fees be increased to cover the actual cost of the exam.

A survey of northeastern states revealed that Connecticut's charge for the exam was far below the regional average and could be raised without erecting a barrier to entrance to the profession.

Sunset - 1981

Summary Sheet

NAME: Board of Examiners for Physical Therapists (Ch. 376, C.G.S.)

YEAR CREATED: 1941TYPE: Regulatory BoardORGANIZATIONAL LOCATION: Department
of Health Services

PURPOSE: To license individuals intending to practice physical therapy.

FUNCTIONS:

- Approve qualifications of applicants to take the exam
- Approve schools
- Provide an examination for qualified applicants
- Decide if out-of-state or foreign trained applicants meet the the state's licensing requirements
- Protect the public from incompetent practitioners

GENERAL DESCRIPTORS:

BOARDComposition: 5 members, 2 physical therapists, 2 public members,
1 physician (currently 2 physicians are serving)

Appointing Authority: Governor

Terms: Coterminus

Average Length of Service on Board: 4 years

	<u>1979</u>
Number of Meetings:	7
Average Attendance:	4.7
Number of Complaints Reviewed	
by Board:	1
Number of Hearings Held:	0
Number of Licenses Suspended/ Revoked:	0
Revenues:	\$8,207
Expenditures	\$11,005
Type of Exam:	National Exam, Professional Examining Service (New York) three part multiple choice exam administered in May and October.
Entry Requirements:	Four year degree approved by the American Physical Therapy Association, good moral character, pass exam

GENERAL DESCRIPTORS:

Physical Therapists

Major areas of employment: Hospitals and Nursing Homes
 Other areas of employment: Visiting nurse associations, physician
 offices, state agencies, industrial
 infirmaries, voluntary health organiza-
 tions.

	<u>1978</u>	<u>1979</u>
Number Licensed:	1,848	2,055

Number of States Licensing Physical Therapists: 50

Licensing Agent:

<u>Board of Physical Therapists</u>	<u>Medical Examining Board</u>	<u>Department</u>
25	19	6

BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS

ISSUES	OPTIONS	PRINCIPAL IMPACT	GENERAL IMPACT	STAFF RECOMMENDATION
1. Board of Examiners	A. Continue	a. continuing the Board would maintain current structure	- citizen	Option B.
	B. Replace w/DOHS	b. DOHS would assume the regulatory functions of the Board	- occupation - government structure	
	A. Licensing	a. licensing would limit the practice to licensed individuals only	- citizen	
	B. Certification	b. state would attest to credentials, but not limit who could practice	- occupation - government structure	
2. Level of Regulation	C. Registration	c. no limits on entry would allow for exit of practitioners	- citizen	Option A.
	D. Deregulation	d. no restrictions on entry or exit	- occupation - government structure	
	A. Yes	a. changes would occur primarily in the following areas: complaint procedure, sanctions and certain restrictions to entry	- citizen	
	B. No	b. not conforming would mean DOHS would have to maintain a dual regulatory system	- occupation - government structure	
3. Conformity with 1980 Sunset legislation (P.A.80-484)	A. Yes	a. would allow individuals to seek services without a doctor's referral	- citizen	Option B.
	B. No	b. current referral procedure would be maintained	- occupation - government structure	
4. Provision of Services without medical referral	A. Increase	a. an increase would cover the actual cost of the exam	- citizen	Option A
	B. Retain \$30.00	b. retention of \$30.00 fee would mean the regulation of physical therapists would continue to be operated at a deficit	- occupation - government structure	

SUNSET REVIEW - 1981

BOARD OF EXAMINERS FOR PHYSICAL THERAPISTS

INSTRUCTIONS: For each question, please circle the number to the left of the most appropriate response. Please choose only one response-- choosing more than one will invalidate the entire response.

Please feel free to provide additional comment on either a specific question or the physical therapy field in general. Such comment may be included directly on the questionnaire or in a separate attachment.

Please indicate your occupation _____

1. On a scale from 1 = Very Important to 4 = Not Important, how would you rate the following reasons for continuing the Board?

Very Important		Not Important		
1	2	3	4	
3	1	1	0	To maintain the professional identity of physical therapists
4	0	1	0	To judge the qualifications of applicants
5	0	0	0	To provide professional input during the complaint process
3	0	2	0	To provide a forum for discussion of the problems of the profession
3	0	0	2	To inform and educate the public about physical therapy
4	1	0	0	To provide professional impact into the development of regulations
3	0	0	2	To lobby the legislature on behalf of physical therapists
4	1	0	0	To provide continuous professional review of entry standards
5	0	0	0	To protect the public from incompetent practitioners

2. On a scale from 1 = Very Important to 4 = Not Important, how would you rate the Board's role in carrying out the following functions:

Very Important		Not Important		
1	2	3	4	
4	1	0	0	To establish entry requirements for the profession
4	0	1	0	To decide who has met a given set of entry requirements
4	0	0	1	To provide an examination for qualified applicants to insure a minimum level of competence
4	0	0	1	To decide if out-of-state or foreign-trained applicants meet Connecticut's licensing requirements
2	2	0	1	To issue temporary permits
5	0	0	0	To receive complaints against practitioners
5	0	0	0	To hear complaints and impose sanctions
5	0	0	0	To revoke or suspend a license
3	1	0	1	To informally resolve complaints

3. What is the Board's primary role in each of the following functions:

<u>Initiate Action</u>	<u>Review DOHS Proposals and Advise</u>	<u>Not Involved</u>	
4	0	0	To establish entry requirements for the profession
4	0	0	To decide who has met a given set of entry requirements
4	0	0	To provide an examination for qualified applicants to insure a minimum level of competence
4	0	0	To decide if out-of-state or foreign-trained applicants meet Connecticut's licensing requirements
3	1	0	To issue temporary permits

Options continued on next page.

<u>Initiate Action</u>	<u>Review DOHS Proposals and Advise</u>	<u>Not Involved</u>	
4	0	0	To receive complaints against practitioner
4	0	0	To hear complaints and impose sanctions
4	0	0	To revoke or suspend a license
3	0	1	To informally resolve complaints

4. On a scale from 1 = Very Effective to 4 = Not Effective, how effective is the Board in carrying out the following functions: (Circle Appropriate Answer)

<u>Very Effective</u>			<u>Not Effective</u>	
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
4	0	0	0	To establish entry requirements for the profession
4	0	0	0	To decide who has met a given set of entry requirements
4	0	0	0	To provide an examination for qualified applicants to insure a minimum level of competence
4	0	0	0	To decide if out-of-state or foreign-trained applicants meet Connecticut's licensing requirements
3	1	0	0	To issue temporary permits
3	1	0	0	To receive complaints against practitioners
2	2	0	0	To hear complaints and impose sanctions
2	2	0	0	To revoke or suspend a license
2	0	1	1	To informally resolve complaints

5. What is the Board's primary source of information for its decision-making process? (Circle one only)

0	DOHS staff	0	Professional input (Association or individuals)
4	Board members	0	Literature (Professional journals, books, etc.)

6. To what degree would the following increase or decrease if physical therapists were not regulated?

Significant Increase		No Change	Significant Decrease		
1	2	3	4	5	
2	1	0	0	0	Misdiagnosis
3	1	0	0	0	Improper treatment
2	2	0	0	0	Irreversible harm to the patient
1	2	1	0	0	Number of practitioners
2	2	0	0	0	Economic harm to the consumer
0	1	0	0	3	Quality of service
0	2	2	0	0	Cost of physical therapy services
0	1	0	0	0	Other (specify) _____

7. In your opinion, the current entry requirements --

- 3 Are not restrictive enough
- 1 Accurately reflect the needs of the practice
- 0 Are overly restricting entry into the profession

8. Should the practice of physical therapy be restricted to licensed individuals only?

5 Yes 0 No

9. When reviewing applicants, what importance do you give to the following criteria in considering licensure eligibility?

Very Important		Not Important		
1	2	3	4	
5	0	0	0	Educational background
4	0	1	0	Institutions attended
3	1	1	0	Practical experience

Options continued on next page

23. What percentage of the Board meetings do you attend?

- 1 100%
- 2 50-99%
- 0 25-49%
- 0 Less than 25%

24. On a quarterly basis, how much time outside Board meetings do you spend on Board related business?

- 1 0-4 hours
- 0 5-8 hours
- 0 9-16 hours
- 1 17 plus hours

SUNSET REVIEW - 1981

BOARD OF EXAMINERS OF PHYSICAL THERAPISTS

Review Framework

INSTRUCTIONS: For each question, please circle the number to the left of the most appropriate response. Please choose only one response-- choosing more than one will invalidate the entire response.

Please feel free to provide additional comment on either a specific question or physical therapy in general. Such comment may be included directly on the questionnaire or in a separate attachment.

1. On a scale of from 1 = Very Important to 4 = Not Important, how would you rate the following reasons for continuing the Board of Examiners for Physical Therapists.

	<u>Very</u> <u>Important</u>		<u>Not</u> <u>Important</u>	
92	28	10	4	To maintain the professional identity of physical therapists
116	11	5	-	To judge the qualifications of applicants for licensure
25	40	49	12	To provide a forum for discussion
37	47	26	21	To inform and educate the public about physical therapy
92	26	6	4	To provide professional input for the development of regulations
55	38	28	10	To lobby the legislature on behalf of physical therapists
108	16	8	-	To provide continuous professional review of entry standards
115	9	8	-	To protect the public from incompetent practitioners
64	46	22	-	To hear and resolve complaints
6	-	-	-	Other (please specify) _____

2. In your opinion, how effective is the Board in carrying out its statutory functions?

Very Effective		Somewhat Effective		Not Effective	
20	53	32	7	1	

3. What is your primary source of information concerning your profession?

43	Association	4	Department of Health Services
24	Co-workers	23	Professional journals and magazines
1	Board of Examiners	3	Other (specify) _____

4. To what extent would the following increase or decrease if physical therapists were not regulated?

Significant Increase	No Change	Significant Decrease	
29	36	51	2 2 Misdiagnosis
50	60	15	2 2 Improper treatment
28	57	28	2 1 Irreversible harm to the patient
81	37	11	2 3 Number of practitioners
38	44	39	6 1 Economic harm to the consumer
19	6	7	45 51 Quality of services
20	39	46	13 5 Cost of physical therapy services
4	-	-	- 2 Other (please specify) _____

5. In your opinion, the current entry requirements for physical therapists:

15	Are not restrictive enough
110	Accurately reflect the needs of the profession
3	Are overly restrictive

6. Should the practice of physical therapy be restricted to licensed individuals only?

133	Yes
1	No

7. Certification is the acknowledgement by a state agency that an individual has certain skills; certification does not prevent the practice of an occupation using these skills by people who do not have such a certificate. Certification would protect the public health and safety.

Utilizing the preceding definition, indicate how strongly you agree or disagree with the following statements:

Strongly Agree		Strongly Disagree		
8	-	9	110	a) Licencing of physical therapists should be replaced by certification
6	1	22	101	b) Certification of physical therapists would adequately protect public health and safety

8. Would the public's health and safety be adequately protected if physical therapists were allowed to practice without the written prescription/referral of a physician?

61 Yes

66 No

9. What do most people consider the most important factor in choosing a physical therapist? (Choose only one)

26 Practitioner's background and experience

88 Referral by a doctor or hospital

6 Referral by a friend/relative

7 Other (please specify) _____

APPENDIX E

Legislative Changes

Repeal Sec. 20-67 of the Connecticut General Statutes to eliminate the board of examiners for physical therapists and amend Sec. 20-68 to allow the Department of Health Services to assume the power and duties previously vested in the board.

All general provisions found in Public Act 80-484 should be amended to bring the regulation of physical therapists into conformance.

Amend Sec. 20-70 of the Connecticut General Statutes to increase the examination fee to cover the actual cost of administration.