

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Banking and Insurance

BILL: CS/SB 536

INTRODUCER: Health Policy Committee and Senator Detert

SUBJECT: Physical Therapy

DATE: April 5, 2013

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	McElhenny	Stovall	HP	<b>Fav/CS</b>
2.	Matiyow	Burgess	BI	<b>Favorable</b>
3.			RC	
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

- |                              |                                     |   |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>            | Technical amendments were recommended   |
|                              | <input type="checkbox"/>            | Amendments were recommended             |
|                              | <input type="checkbox"/>            | Significant amendments were recommended |

**I. Summary:**

CS/SB 536 amends the definition of the practice of physical therapy by adding an advanced registered nurse practitioner (ARNP) to the practitioners who may authorize a physical therapist to implement a plan of treatment provided for a patient.

This bill substantially amends the following section of the Florida Statutes: 486.021.

**II. Present Situation:**

**Physical Therapy Practice**

Physical therapy includes assessment of the function of the musculoskeletal or neuromuscular system, including range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion, or functional abilities and the treatment or rehabilitation of any disability, injury, disease, or other health condition of human beings. A variety of aids may be used in treatment or rehabilitation, including air, electricity, exercise, massage, acupuncture under certain conditions, radiant energy, ultrasound, water, and various apparatus and equipment.<sup>1</sup>

<sup>1</sup> See s. 486.021(10) and (11), F.S.

Physical therapists are licensed under ch. 486, F.S., the Physical Therapy Practice Act (the Act). A physical therapist is a person who is licensed and who practices physical therapy in accordance with the provisions of the Act. The Board of Physical Therapy Practice (Board) established within the Department of Health is responsible for implementing and administering the Act.

Currently, a physical therapist may implement a plan of treatment for a patient for up to 21 days for a condition not previously assessed by a practitioner of record. A practitioner of record may be a chiropractor, podiatrist, dentist, or a practitioner licensed under the medical practice act or osteopathic medical practice act. If treatment is needed beyond 21 days, the plan must be reviewed and signed by a practitioner of record.

A physical therapist is required to refer a patient to or consult with a practitioner of record if a patient's condition is found to be outside the scope of physical therapy. In addition, a physical therapist may not implement a plan of treatment for a patient who is currently being treated in a facility licensed pursuant to chapter 395 (hospital).<sup>2</sup>

Current statutes do not specifically authorize a physical therapist to implement a plan of treatment (accept a referral) provided by an ARNP, although it is within the ARNP's scope of practice to order physical therapy pursuant to a standing protocol with the supervising physician. Since 1998, at least three Declaratory Statements have been received and addressed by the Board relating to the ability of physical therapists to accept referrals from an ARNP or from a physician assistant. In two of the instances, the Board indicated that physical therapists could accept referrals from an ARNP as well as a physician assistant. In the third and most recent statement, the Board indicated that s. 486.021, F.S., did not provide for accepting referrals from an ARNP.<sup>3</sup>

### **Advanced Registered Nurse Practitioners (ARNP)**

An ARNP is defined in s. 464.003, F.S., to be any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners. An ARNP may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. An ARNP may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee appointed by the Board.<sup>4</sup>

An ARNP may perform the following functions within the framework of an established protocol with a supervising physician which is filed with the Board:

- Monitor and alter drug therapies.
- Initiate appropriate therapies for certain conditions.
- Perform additional functions as determined by rule.

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<sup>2</sup> See Department of Health Bill Analysis for SB 536 (dated January 24, 2013) on file with the Senate Health Policy Committee.

<sup>3</sup> Supra, fn 1

<sup>4</sup> s. 464.003(2), F.S.

- Order diagnostic tests, *physical therapy*, and occupational therapy.<sup>5</sup>

### III. Effect of Proposed Changes:

Section 486.021, F.S., authorizes a physical therapist to implement a plan of treatment ordered by an ARNP as well as a practitioner of record.

The CS does not expand the scope of practice of an ARNP. It also does not designate an ARNP as a practitioner of record for purposes of referrals that a physical therapist must make if a patient's condition is found to be outside the scope of physical therapy or when physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record.

The CS restructures the definition of "practice of physical therapy" for clarity and makes other grammatical improvements.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

#### B. Public Records/Open Meetings Issues:

None.

#### C. Trust Funds Restrictions:

None.

### V. Fiscal Impact Statement:

#### A. Tax/Fee Issues:

None.

#### B. Private Sector Impact:

Physical therapists will be able to implement plans of treatment ordered by an ARNP. This will facilitate delivery of health care services in a more cost effective manner.

#### C. Government Sector Impact:

None.

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<sup>5</sup> See s. 464.012(3), F.S.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

An ARNP is not added to the definition of practitioner of record, which perpetuates the limitation on an ARNP's otherwise lawful scope of practice with respect to ordering physical therapy.

**VIII. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Health Policy on March 7, 2013:**

The CS reinstates the authority for a physical therapist to implement a plan of treatment after his or her own assessment and authorizes a physical therapist to implement a plan of treatment issued by an ARNP.

- B. **Amendments:**

None.