February 28, 2023

Maine Chapter Members:

MEAPTA has proposed 2 bills to the Maine Legislature this year to amend our PT Practice Act and get in the PT Compact. The bills have not been printed yet, so we do not have LD numbers, but you can start talking to your legislators and members of the HCIFS Committee about the bills to get support. We will let you know when LD numbers are assigned.

**Talking Points for Amendments to Physical Therapist Practice Act and PT Compact Bills:**

* Physical therapists want to participate in the PT Compact so they can get practice privileges more easily in other states. This would also allow PTs in other states to easily obtain practice privileges in Maine. We believe this is necessary to serve our patients who move to other states in the winter via telehealth and to attract PTs to Maine to address our state’s shortage of PTs.
* We must amend our PT Practice Act to add a continuing education and fingerprinting requirement to get in the PT Compact.
* We also want to eliminate 2 outdated restrictions in the PT Practice Act that are not needed to protect the public and are only serving to interfere with patient access to PT services. These changes *do not change the PT’s scope of practice.*
1. Remove requirement to refer a patient if there is no improvement in 30 days and after 120 days whether there is improvement or not to a licensed doctor of medicine, osteopathy, podiatry, dentistry or chiropractic and *replace it with a general requirement to refer when the patient’s condition is beyond the physical therapist’s scope of practice.* **Rationale:**
	1. The referral requirement at 30 and 120 days is arbitrary and unnecessary. PTs know when they need to refer a patient to a physician or other health care provider and they do so routinely regardless of the number of days the patient has been in therapy. The general referral requirement based on need is much more appropriate.
	2. Arbitrary requirements to see a physician unnecessarily only increase health care costs for the patient.
	3. “Improvement” should not be required since many patients are seen for medically necessary *maintenance* care to maintain their level of function and remain at home and independent.
	4. Many patients require ongoing services for more than 120 days when they have chronic conditions or significant strength, range of motion or functional deficits that require a long-term rehab program. PTs are providing wellness programs now as well that require ongoing consultations for more than 120 days that should not require a physician referral. These services were not contemplated when the 120-day referral requirement was put in place.
	5. These referral requirements put PTs at a disadvantage compared to lesser trained personal trainers and Pilates instructors who don’t require referrals to put people on therapeutic exercise programs.
	6. Occupational therapists in Maine – who have a very similar scope of practice – have no physician referral requirements whatsoever and this issue was not raised when the OT’s amended their Act in 2021.
2. Remove requirement to have a referral and consultation with a licensed doctor of medicine, surgery, chiropractic or osteopathy to perform spinal manipulation on a patient. **Rationale:**
	1. There is no dispute that spinal manipulation is within the PT’s scope of practice as the current 1991 law explicitly allows it “upon consultation with, and referral by, a duly licensed doctor of medicine, surgery, chiropractic or osteopathy” so removal of this referral requirement does not change or expand the PT’s scope of practice.
	2. Spinal manipulation is the only treatment intervention that PTs are prohibited to provide when a patient sees a PT through direct access (no physician referral). When this 1991 law was put in place, osteopaths and chiropractors had concerns about whether physical therapists could provide safe spinal manipulation treatment without their oversight. Since that time, we know of no licensure board complaints or malpractice cases against PTs in Maine involving spinal manipulation. Therefore, this restriction is not required to protect the public.
	3. PTs do not have any difficulty getting physicians to sign off on their spinal manipulation plan of care, so again, this is an unnecessary restriction. It only serves to increase patients’ cost of care because they have to see their physician to get a referral to the PT just because spinal manipulation is included in their plan of care.
	4. If the patient does not have a physician, the PT is restricted from providing the intervention needed. This is not good for patient care. PTs should be able to use all interventions in their scope of practice for all patients without restrictions.
	5. OTs have no restrictions or referral requirements to provide “manual therapy” – which encompasses spinal manipulation – since their Practice Act was amended in 2021 with little opposition. OTs have less training on spinal manipulation and manual therapy in their entry level curriculum than PTs.
* We removed the language that states “An employer is not liable under Title 39 A, section 206 for charges for services of a physical therapist or physical therapist assistant unless the employee has been referred to that practitioner by a licensed doctor of medicine, surgery, osteopathy, chiropractic, podiatry or dentistry.” Title 39 A, section 206 no longer has this referral requirement and this language does not belong in the PT Practice Act since it is a worker’s compensation payment issue, not a PT practice issue.
* We expanded the list of providers who can refer to physical therapists to include advanced practice registered nurses, certified nurse midwives, physician assistants, naturopathic doctors and any other appropriate health care provider.
* We clarified existing definitions of “physical therapist assistant” and the “practice of physical therapy” consistent with existing practice.
* All other edits are minor and insignificant.

**Questions and comments can be directed to:**

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