



## **HB 2446 - Assistive Personnel Law that Passed the Legislature in March 2018**

### **Frequently Asked Questions**

(As of August 2, 2018 - We will update this FAQ as we receive new information.)

**Q.** Some of the revisions to WAC 246-915 that take effect on August 16, 2018 say that PTs may only supervise two assistive personnel. How do I know which law to follow?

**A.** The RCW law takes precedence over the WAC, so the law that increased the number of assistive personnel who may be supervised to three (among other things) is the law you should follow.

The Board of PT approved these changes to the WAC on April 30, 2018 – before the June 7, 2018 effective date of the RCW change. The Board of PT will go through another WAC update process to make the language agree with the RCW language.

**Q.** As a physical therapist will I be required by law to supervise three assistive personnel?

**A.** No, the proposed changes do not require a physical therapist to supervise three assistive personnel but will provide the flexibility to do so if certain prerequisites and conditions are met.

If a physical therapist wants to supervise three assistive personnel, at least two of them must be licensed (PTA, ATC, LMT). In situations where the physical therapist elects to supervise one or two assistive personnel, one or both can be licensed (PTA, ATC, LMT) and unlicensed personnel (exercise physiologist, PT aide).

Nursing home and public school settings are specifically excluded from these changes and physical therapists in those settings may only supervise up to two assistive personnel (licensed or unlicensed).

**Q.** How does the new law affect the use of physical therapy aides?

**A.** It clarifies that physical therapy aides may **directly** assist in the implementation of therapeutic interventions but may not alter or modify the plan of therapeutic interventions. They may assist the physical therapist or physical therapist assistant in providing physical therapy patient care under these conditions. Also, the changes clarify that only a physical therapist can delegate to assistive personnel and aides. Last but not least, the proposed changes strengthen the supervision requirements for aides and other assistive personnel.

**Q.** How has the requirement to perform a re-evaluation every 5<sup>th</sup> visit if I utilize assistive personnel change?

**A.** HB 2446 also changed the current requirement for a physical therapist to perform a re-evaluation of a patient every 5<sup>th</sup> visit. The new version of the law says that when care has been provided only by a physical therapist assistant or other assistive personnel, the re-evaluation is to be done the **later of** every 5<sup>th</sup> visit or every 30 days. If the physical therapist has provided all of the care during the 30 days, no separate re-evaluation is required. This change removes an unnecessary and burdensome requirement when the PT is the sole provider of the patient's care and also provides a longer period before a re-evaluation has to be done when a PTA or other assistive personnel is providing the care.

**Q.** I'm concerned that my employer will mandate the use and supervision of three assistive personal, increasing the administrative load, and decreasing the quality and safety of patient care that I provide. What can I tell my employer if this occurs?

**A.** The practice act retains the provisions set forth in RCW 18.74.180 1(d-g), stating that regardless of the setting in which physical therapy services are provided, **only** the licensed physical therapist may determine which tasks, instruction and services may be rendered by the physical therapist assistant, other assistive personnel or physical therapy aide (g). Also, the updated section, RCW 18.74.180 3(d), clarifies that the physical therapist has the sole discretion, based on their clinical judgement, to determine whether to utilize assistive personnel to provide services to a patient. Thus, by law the physical therapist has ultimate decision-making authority over the services rendered by assistive personnel, not the employer.

**Q.** How do these changes benefit the patient?

**A.** Like many other healthcare professions, the current demand for physical therapy continues to exceed supply in many settings. The shortage is especially pronounced in rural areas. The changes will improve patient access to physical therapy care, especially in rural and underserved areas. Also, they encourage the use of licensed and formally trained PTAs, ATCs and LMTs in settings where assistive personnel are a necessary or essential component in the delivery of physical therapy care.

**Q.** Nursing homes and public schools are exempt from these changes, but what about Subacute Nursing Facilities (SNF)?

**A.** Under Washington law, the definition of "nursing home" includes subacute nursing facilities (SNF), thus those practicing in these facilities would also be exempt from these changes.

*Please submit any additional questions to [legislative@ptwa.org](mailto:legislative@ptwa.org)*

