The following is an overview of the information collected by the State Representative Network. The states not listed do not currently have a State Representative to the SPTS. If you are interested in serving as a State Representative for the Section, please contact Greg Alnwick at galnwick@ne.rr.com or (603) 466-5972.

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I’d like to also welcome and say a special thank you to our newest member, Meredith Warf (Mississippi). Your time is greatly appreciated.

ALABAMA – Representative: VACANT
- No report submitted

ALASKA – Representative: Rebecca Byerley
- Nothing to report.

ARIZONA – Representative: John Heick
- Nothing to report.

ARKANSAS – Representative: VACANT
- No report submitted.

CALIFORNIA--Representative: Aimee Diaz
- Nothing to report.

COLORADO – Representative: Brian Briggs
- On June 1, 2016, Governor John Hickenlooper signed Senate Bill 16-158 Concerning the Ability of a Physician Assistant to Perform Functions Delegated by a Physician that are within the Physician Assistant’s Scope of Practice. The bill clarifies and expands the duties that a physician may delegate to a physician assistant within his or her Scope of Practice. It is effective August 10, 2016.
- Specific to physical therapists, the new law amends section 12-41-113(3), C.R.S., which gives a physical therapist the authority to perform wound debridement under a physician’s order when such debridement is consistent with the scope of physical therapy practice. The bill adds physician assistants as a second provider who can order wound debridement to be performed by a physical therapist. Physical therapists can now perform wound debridement under a physician’s or a physician assistant’s order.

CONNECTICUT--Representative: Peg Grey
- Nothing to report.

DELWARE – Representative: VACANT
DISTRICT OF COLUMBIA - Representative: Tim Vidale

- Nothing to report.

FLORIDA – Representative: Patrick Pabian

- Nothing to report.

GEORGIA – Representative: Ross Brakeville

- The great state of Georgia and indeed the world of physical therapy lost a legend August 6, 2016. Mr. George M. McCluskey, Jr.
- Mr. McCluskey will be remembered for his vision, servant leadership, and compassion that he showed ALL people. He was a pioneer in the physical therapy profession and had a profound impact on many, many people over his career.
- Among his countless accolades:
  - Mr. McCluskey was co-founder of The Sports Physical Therapy Section.
  - He was also a charter member of the Board of Physical Therapy State of Georgia and The Institute of Athletic Care & Research.
  - Served in the 1996 Centennial Olympic Games in Atlanta, Georgia
  - Named "Georgia Small Business Person of the Year" in 1996 & "National Small Business Person of the Year" in 1997
  - RSOC Inc was named Mr. McCluskey “Georgia Family Business of the Year” in 1998.
  - George received the 1997 Arthritis Foundation "Distinguished Citizen Award”
  - Inducted into the Chattahoochee Valley Sports Hall of Fame in 2002

HAWAI'I – Representative: Ryan Moore

- There are early discussions in the consideration for the use of "telehealth / telemedicine" for PTs in the state of Hawai'i, but the state board will wait until it is addressed at the federal level before proceeding. The arguments for using telehealth in Hawai'i would be for those living in rural communities and / or those living on a different island where access to a specialist PT may be limited.
- There was a clarification in regarding to continuing competence units (CCU) and the use of community service activities for 1 CCU credit. The state board clarified that although community service and involvement is important, licensees will only receive 1 CCU credit per activity regardless of the duration of the activity and should only receive 1 CCU credit once for the same activity. This will be revisited at the next renewal period beginning January 1, 2017.
- After much discussion, it was agreed that courses related to dry needling technique would not be accepted towards the CCU requirements as the scope of practice in Hawai'i does not allow for dry needling pursuant to 461J-2.5, HRS.

IDAHO – Representative: Kyle Sela

- Nothing to report.

ILLINOIS – Representative: Anne Bieman

- Due to the stalemate in Springfield, there are no updates about Co-Pay Equity, Dry Needling, or PT License Compact.
- Senate Bill 2742 and House Bill 6231: Athletic Trainer Legislation. These bills appear to try to expand the scope of practice of athletic trainers and reduce the requirements of supervision and oversight by a physician, without requiring any increase in training or education. Both bills stalled due to objections raised by the Illinois State Medical Society (ISMS), the Illinois Department of Finance and Professional Regulation (IDFPR) and the
IPTA. NO ACTION TAKEN BEFORE LAST SESSION ENDED.

- Workers Comp: In the end of May, there were proposals to cut workers’ compensation coverage and the provider fee schedule. IPTA proactively opposed such changes, citing that capping the number of PT visits would negatively impact the overall cost for rehabilitation when injured workers are released from care too soon. Cutting the provider fee schedule would also further reduce access to care, as more and more providers simply won’t be able to afford to take on patients with work-related injuries. The General Assembly and Governor did not reach an agreement on this issue, nor did they manage to pass a budget before session came to an end at midnight on 5/31/16.

- “The State of Illinois’s failure to pay their obligations has not only impacted the lives of disabled seniors, small business owners, families that rely on aid for child care, and our state universities, but also new graduates from PT and PTA programs. One of the unpaid bills was the state’s dues for membership in the Federation of State Board of Physical Therapy (FSBPT). Without that payment, PT and PTA students graduating and expecting to apply for the exam and Illinois license this month were going to be turned away. After being advised of this issue, the IPTA contacted IDFPR Secretary Bryan Schneider. Secretary Schneider immediately took it upon himself to arrange for the dues to be paid to ensure our graduating students would be able to take the exam.” – Mike Riley. PT (IPTA President)

Events/Activities: ReVitalize Road Trip is scheduled for 11/12/16 in Springfield.

INDIANA- Representative: Shane Sommers

- Nothing to report.

IOWA – Representative: Shane McClinton

- The dry needling saga continues to be on the forefront of the IPTA’s efforts. A district court hearing was held on July 15th to hear comments regarding the decision that dry needling is within the Physical Therapist’s scope of practice as decided by the PT/OT Licensure board. Comments were made by the board as well as by representatives of the Iowa Association of Oriental Medicine and Acupuncture. Because of the volume of information presented, the Judge will consider the information and make a decision in early Fall.

- The IPTA Fall Conference will be held on October 27-29 in Downtown Des Moines. Further information can be found at [http://www.event.com/events/2016-ipta-fall-conference/event-summary-02b6e278d99443bfa5d0d608c4c1f0e4.aspx](http://www.event.com/events/2016-ipta-fall-conference/event-summary-02b6e278d99443bfa5d0d608c4c1f0e4.aspx).

KANSAS – Representative: Daniel Lorenz

- Nothing to report.

KENTUCKY – Representative: Chris Sharrock

- Nothing to report.

LOUISIANA – Representative: Christian Coulon

- On June 6, 2016 Senate Bill No. 291, amending the Louisiana Physical Therapy Practice Act found at La. R.S. 37:2418 et seq., became law allowing patients direct access to physical therapy. This was a monumental battle and orthopedists, chiropractors, and athletic trainers were our opponents on this issue. Their main concern was that PT’s having direct access is “unsafe” for patients and PT’s can’t diagnose or recognize conditions outside of their scope, which we all know if not supported in the literature. A summary of the changes in the law are as follows:

1. A physical therapist possessing a doctorate degree or five years of licensed clinical practice experience may implement physical therapy treatment without a prescription or referral.

2. A physical therapist treating a patient without a prescription or referral must refer the patient to an appropriate healthcare provider if, after thirty days of physical therapy treatment, the patient has not made measurable or functional improvement.

4. No physical therapist shall render a medical diagnosis of disease.
While patient access to physical therapy has changed, the scope and practice of physical therapy remains the same.1 Physical therapists conduct an initial physical therapy examination and render a physical therapy diagnosis treating only those conditions within the physical therapy scope of practice. In addition, a physical therapist remains responsible for managing all aspects of the physical therapy care of each patient.2 A physical therapist must continue to practice within his/her individual scope of practice by exercising sound professional judgment based on his/her individual knowledge, skill set, education, training and experience, and only perform those procedures in which he/she is competent.3 If in practicing within his/her individual scope of practice the physical therapist finds that the treatment needed is outside his/her scope of knowledge, experience, or expertise, the physical therapist must notify the patient and appropriately refer to another healthcare provider.4 It is important to note that direct patient access does not impact payment procedure or guarantee payment from payer sources.
The relationship between ATC’s/orthopedists and PT’s was really strained during this since some of the opponents were making vast generalizations and claiming that patient’s will “have untreated cancer and die” due to seeing a PT first and PT’s are qualified to screen or know when a patient has a systemic disease or non-musculoskeletal condition. The relationship with chiropractors has now ended since they originally claimed they would not oppose the PT direct access bill if we didn’t oppose a bill they were proposing. The LPTA didn’t oppose the chiropractic bill however, when they found that their bill was not gaining any traction, the chiropractic association immediately began opposing the PT bill making the same claims as the orthopedic and athletic training associations. The future legislative issues with the ATC’s and Chiropractors will be a hot topic in the next few years in LA.

MAINE - Representative: VACANT
No report submitted.

MARYLAND – Representative: Michael Zarro
- APTA of Maryland Annual Conference: November 5-6, 2016; College Park, MD.
- The Barral Institute Presents: Visceral Manipulation: Abdomen 1, Organ Specific Fascial Mobilization (VM1) September 15-18, 2016; Baltimore, MD.
- Care Resources/Epic Developmental Services Continuing Education Presents: Foundations of Manual Therapy Practice Utilizing an Integrative Manual Therapy Approach: Modules 1 & 2 with a Focus on Pediatrics, September 16-17, 2016; Towson, MD
- MD General Assembly to begin January 11, 2017 to discuss:
  - Athletic Trainer Treatment of “Tactical Athletes”
  - Faire Copays
  - Dry Needling
  - Individualized Education Plans
  - National Legislative Issues
  - Advocacy Resources

MASSACHUSETTS - Representative: Malia Koppin
- Shoulder Special Interest Group Meeting 8/17/16
- Boston Heart Walk 9/10/16
- Board of Directors Meeting 9/13/16
- Manual Therapy Special Interest Group Meeting 9/21/16
- Full Representative Assembly 10/19/16
- Annual Conference 11/5/16

MICHIGAN--Representative: Mark Brostman
Nothing to report.
MINNESOTA – Representative: Amanda Frake
· A bill is still being considered in the state legislature to modify the scope of practice for athletic trainers. The Athletic Trainer’s scope of practice bill proposes the following changes:
  o Deletes the context that currently defines the distinct population of individuals that athletic trainers are educated and certified to treat by removing all reference to "athlete" or "athletic injury."
  o It fails to define supervision. It removes the reference to the current form of supervision including the protocol form and the primary physician.
  o It opens the door for the athletic trainer to treat complex populations of patients as the front line provider, WITHOUT REFERRAL, WITHOUT SUPERVISION and WITHOUT LIMITATION.
· The MNAPTA has taken a stance against these proposed changes

MISSISSIPPI – Representative: Meredith Warf
· Notes on new continuing competence for physical therapists licensed in MS: Regulations set the requirement of 30 continuing competence units (CCU) to be accrued during each 2 year licensing period (July 1- June 30). No carryover of continuing competence units from one licensure period to another shall be allowed. At least 25 percent (7.5 CCU) of the required continuing competence units earned during each licensure period must be directly related to the clinical practice of physical therapy. Continuing Competence (CC) activities claimed as clinical are subject to review if considered questionable. All licensees must take three (3) hours of board-approved hours of study in ethics, professionalism, or jurisprudence per licensing period as part of their total CC requirements. At least 15 of the 30 required continuing competence units must be from Certified Activities outlined in Rule 5.4.
· Medicare Telehealth Parity Act of 2015 (H.R. 2948)
  o Introduced by Representatives including Greg Harper from MS
  o Expands tele-health providers eligible to provide tele-health services to: physical therapist, certified diabetes educator, respiratory therapist, occupational therapist, speech language pathologist, and audiologist.
  o Awaiting a Senate companion bill
· Sports Medicine Licensure Clarity Act (H.R. 921, S.689)
  o Provides legal protection for physicians and athletic trainers traveling with professional, collegiate, or national body governed sports teams by clarifying that those professionals (while traveling to states they aren’t licensed in) shall be deemed as having provided services in the states they are licensed in for the sake of medical professional liability or malpractice insurance. Physical therapists are not currently included in the bill and therefore APTA is working with sponsors on the House and Senate toward inclusion.
· 2016 MPTA Fall Meeting is October 22, 2016 in Tupelo, MS offering 8 CCU hours

MISSOURI- Representative: Chuck Rainey
· All Health Professions Legislative Forum: Central District PTs/PTAs and Students come join us for an "all health professions" legislative forum on Tuesday, September 6th at 6pm, at Jose Jalapenos in Columbia, MO. Where: Jose Jalapenos, 3412 Grindstone Pkwy, Columbia, MO 65201. Contact Jeff Krug at krugj@health.missouri.edu. We will be hearing from candidates & legislators running for election/ re-election this year. Bring your healthcare questions!
· Volunteers Needed for FUNFitness Screenings: Volunteers needed to screen Special Olympic athletes at Thomas Jefferson Middle School - Jefferson City on October 13-16, 2016. Event runs from mid-morning to mid-afternoon. This volunteer opportunity is open to any/all PTs and PTAs. We screen flexibility, strength, and balance in quick, easy manner. To volunteer contact Jeff Krug at krugj@health.missouri.edu with the following information: Name, Dates available, and Times available.
· 2016 MPTA Fall Meeting: When: Saturday, October 15, 2016, Where: University of Missouri (MU) Campus, 801 Clark Hall, Columbia, MO 65201. Contact Carol Kemna, ckehma@bardgett.net, 573-556-6730. Earn 8 hours of CE at the MPTA Fall Meeting!

MONTANA – Representative: John-Henry Anderson
Nothing to report.

NEBRASKA – Representative: Claire Lakatos Rathjen
  · No report submitted.

NEVADA – Representative: Steven Liaos
  · Nothing to report.

NEW HAMPSHIRE – Representative: Greg Alnwick
  · About 50 health care providers, including local physical therapists, met with Senator Jeanne Shaheen for a round table discussion on the growing substance abuse issues and safe alternatives to pain medications including physical therapy and the #ChoosePT campaign.
  · Representatives hope to introduce a Compact bill after the elections.

NEW JERSEY – Representative: Edison Au
  · Nothing to report.

NEW MEXICO – Representative: VACANT
  · No report submitted.

NEW YORK – Representative: Terrance Sgroi
  · Nothing to report.

NORTH CAROLINA – Ann Marie Husk
  · Acupuncturists are challenging our ability to dry needle.
    o This would limit patient access to our services
    o Dry Needling is within the scope of practice in 26 jurisdictions, and physical therapists have long been performing needle insertion for EMG and NCV testing in 46 states and jurisdiction.
    o In September 2015, NCALB filed the lawsuit against NCBPTE, asking the Wake County Superior Court to declare that dry needling by PTs is the unlawful practice of acupuncture.
    o On April 26, Judge Louis Bledsoe III dismissed the suit largely on jurisdictional grounds.
    o A second lawsuit Henry v North Carolina Acupuncturist Licensing Board filed in October 2015 is still pending in US District Court. It is supported by NCPTA, argues that NCALB is violating antitrust law and due process rights in its actions to prevent PTs from practicing the skilled intervention.
    o Henry vs NCALB will affect ALL 50 states since it is a federal anti-trust suit.
    o http://files.ctctcdn.com/44bfa6d1401/625747e1-e54c-453e-9112-51fdaee22494.pdf to view the complaint.
    o You can help by contributing to the NCPTA’s legal defense at:
      o GOFUNDME.COM/DEFENDDRYNEEDLING
      o BOOSTER.COM/DEFENDINGDRYNEEDLING
      o www.ncpt.org/nc-advocacy
    o If you have specific questions about the legal case pending contact: Andrew H. Erteschik | Partner, PoynerSpruill LLP Attorneys at Law, 301 Fayetteville Street, Suite 1900, Raleigh, North Carolina 27601. D: 919-783-2895 | M: 919-602-1953
    o BCBS of North Carolina has stopped paying for Dry Needling services. Now is important time to contribute to NCPTA’s legal defense at the sites listed above.
- H135(S190) Modernization Physical Therapist Practice. This bill would eliminate the NC statutory law requirement for a physician referral for physical therapists (PTs) to perform spinal manipulation, which physicians agree is not necessary, and when eliminated will increase the time used to best care for patients, and will decrease the cost and delay of an extra appointment to obtain a special referral. This treatment is currently performed safely by physical therapists without a prescription in 47 other states, the military, and D.C. April 30th 2015 HB 135 Modernize PT Practice was passed in the House and sent to the Senate.

- We now have 166 physician letters of support, have had constituent PT personal meetings with 40 of the 50 senators and educated the other 10, have had lots of support, no stated opposition, 561 people on Spinal Manipulation Task Force, have spent the past 3 weeks of the 8 week General Assembly short session calling on Health Care Committee members. So far no health bills have emerged to move from the Rules Committee to the Health Care Committee. We are still hoping for the bill to move before the session ends at the end of June, but it might not go until next year.

- Physical therapist and physicians should contact their Senators to support the bill. Go to www.ncpt.org for more information

NORTH DAKOTA – Representative: Kevin Axtman
- Nothing to report.

OHIO – Representative: Michael Bogden
- Nothing to report.

OKLAHOMA – Representative: Josh Williams
- Nothing to report.

OREGON – Representative: Christine Panagos
- Oregon became the first states to enact the Physical Therapy Interstate Licensure Compact. This allows physical therapists and physical therapist assistants licensed in their home state to practice in any other state who has also joined the “compact” agreement. Currently Oregon, Tennessee, and Arizona are members. Under this contract, the practitioner can register with the state and not have to go through the lengthy licensure or credentialing process to practice in these states.
- Starting January 2017, new physical therapy, physical therapy assistants applying for licensure in the State of Oregon will be required to undergo an FBI fingerprint background check.

PENNSYLVANIA – Representative: Ivan Mulligan
- The PPTA continues to review the State's Practice Act. A work group was developed to examine changes that should be suggested. The work group will report its findings in the fall with implementation to begin in the first Quarter of the 2017.

RHODE ISLAND – Representative: Jeff Konin
- Nothing to report.

SOUTH CAROLINA – Representative: Rebecca Arndt
- No report submitted.

SOUTH DAKOTA – Representative: VACANT
- No report submitted.

TENNESSEE – Representative: Joe Black
- Dry Needling is now legal in Tennessee.
· Tennessee is the second state to pass PT Compact legislation.

TEXAS – Representative: Toko Nguyen
· We are currently preparing for another legislative season at the top of the year to go to battle for Direct Access again. Right now, the districts are busy raising money for funding our lobby groups. We were so close last year and hope to get even closer this year.

UTAH- Representative: Brian Boyle
· Nothing to report.

VERMONT - Representative: VACANT
· No report submitted.

VIRGINIA - Representative: Justin Podell
· No report submitted.

WASHINGTON – Representative: Samantha Gubka
· No report submitted.

WEST VIRGINIA - Representative: VACANT
· No report submitted

WISCONSIN – Representative: Steven McCoy
· Nothing to report.

WYOMING - Representative: VACANT
· No report submitted.