

**LEGISLATIVE REVIEW OF ADOPTED REGULATIONS AS REQUIRED BY
NRS 233B.066
LCB FILE R124-21**

The following statement is submitted for adopted amendments to Nevada Administrative Code (NAC) Chapter 640.

1. A clear and concise explanation of the need for the adopted regulation.

This adopted regulation is necessary to update the regulations to comply with recent statutory changes

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

Copies of the proposed regulations, notices of workshop, and notices of intent to act upon the regulation were sent by U.S. mail, fax, and email to persons who were known to have an interest in changes to NAC 640 as well as any persons who had specifically requested such notice. These documents were also made available at the website of the Nevada Physical Therapy Board, <https://ptboard.nv.gov>, mailed to county libraries in Nevada, the Nevada State Library and Archives Administrator, and posted at the following locations:

Notice of the hearings were posted at the following public locations:

- State Capitol Building, 1st & 2nd Floors, 101 North Carson Street
- Nevada Legislative Building, 401 South Carson Street, Carson City, NV 89701
- Nevada State Library, 100 N. Stewart Street, Carson City, NV 89701
- Nevada State Business Center, 3300 W. Sahara Ave., LV, NV 89102
- Grant Sawyer State Office Building, 555 E. Washington Ave, LV, NV 89101
- Nevada Physical Therapy Board, 3291 N. Buffalo Dr. St 100, LV, NV 89129

Notice of this hearing was posted on the following website(s):

- <https://ptboard.nv.gov>
- <https://notice.nv.gov/>
- <https://www.leg.state.nv.us/App/Notice/A/>

Interested persons can obtain a copy of the summary of the public response to the proposed regulation from the Nevada Physical Therapy Board, 3291 N. Buffalo Drive, Suite 100, Las Vegas, Nevada 89129, 702-876-5535, or email to aramirez@govmail.state.nv.us.

3. The number of persons who:

- a) **Attended each hearing:**

- i. 11/12/2021 – 43
- ii. 12/05/2022 – 44
- iii. 01/04/2023 – 12

b) Testified at each hearing:

- i. 11/12/2021 – 4
- ii. 12/05/2022 – 17
- iii. 01/04/2023 – 12

c) Submitted to the agency written comments: 19

4. A summary of written public comments, names, and names of entity or organization represented, for persons identified above in #4, as provided to the agency, is attached as Exhibit A & Exhibit B. Written public comments are provided in their entirety in Exhibit C.

5. A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Comments were solicited from affected businesses in the same manner as they were solicited from the public. Pursuant to NRS 233B.0608 (2)(a), the Nevada Physical Therapy Board requested input from stakeholders, small businesses, and licensees that are likely to be affected by the proposed regulations. Small Business Impact Questionnaires were sent to approximately 3,100 licensees of the Nevada Physical Therapy Board and the state chapter of the American Physical Therapy Association, with proposed changes to NAC 640, on September 20, 2021, October 20, 2021, and on July 22, 2022. The Board continued to accept input on the impact of the proposed regulation on small businesses through December 5, 2022. The questionnaire contained the following questions:

- a) How many employees are currently employed by your business?
- b) Will a specific regulation have an adverse economic effect upon your business?
- c) Will the regulation(s) have any beneficial effect upon your business?
- d) Do you anticipate any indirect adverse effects upon your business?
- e) Do you anticipate any indirect beneficial effects upon your business?

Summary of responses.

Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes – 5 No – 1	Yes – 1 No – 5	Yes – 5 No – 1	Yes – 1 No – 5

Unknown - 0	Unknown - 0	Unknown - 0	Unknown - 0
Number of Respondents out of 3,100	Adverse economic effect	Beneficial effect	Indirect adverse effects?
6	5	1	5
			Indirect beneficial effect?
			1

A copy of the summary of the responses to the proposed regulation may be obtained from the Nevada Physical Therapy Board, 3291 N. Buffalo Drive, Suite 100, Las Vegas, Nevada 89129, 702-876-5535, or email to aramirez@govmail.state.nv.us.

6. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The permanent regulation was initially adopted on December 5, 2022, with no additional changes, after consideration of public comment. The agency concluded that the proposed regulations would produce a negligible impact on small businesses due to restrictions on the use of unlicensed technicians. Additionally, the Board concluded that there would be no adverse impact from a fee increase covering the review and approval process for continuing education courses.

On January 4, 2023, the Board conducted an additional public meeting to allow a full vetting and discussion of a proposal from ATI Physical Therapy. The Board extensively and appropriately reviewed, discussed, and considered a proposal from ATI Physical Therapy, approving minor changes to the proposed regulation on January 13, 2023.

On January 12, 2024, the Board conducted a public meeting to review, discuss, and approve action on the proposed regulatory changes (R124-21) to NAC 640. The Board considered a proposed January 10, 2024 amendment from ATI Physical Therapy. After discussion, the Board approved the removal of their proposed language pertaining to physical therapy technicians and supervision ratios and agreed to move forward with the remaining pending administrative regulation (R124-21) approved at their January 13, 2023, public meeting.

7. The estimated economic effect of the adopted regulation on the businesses which it is to regulate and on the public. These must be stated separately, and each case must include:

- a) Both adverse and beneficial effects; and**
- b) Both immediate and long-term effects.**

Adverse and beneficial effects on small businesses:

The adopted regulation is not expected to have an adverse effect on small businesses. Beneficial effects include the removal of barriers to full-time employment for physical therapist assistants.

Adverse and beneficial effects on the public:

The adopted regulation is not expected to have an adverse effect on the public. Consumers of physical therapy services will receive immediate and long-term benefits from increased public protection and safety measures.

8. The estimated cost to the agency for enforcement of the proposed regulation.

There is no additional cost to the agency for enforcement of this regulation.

9. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

There are no other state or government agency regulations that the proposed regulation duplicates.

10. If the regulation includes provisions that are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

There are no federal regulations that apply.

11. If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

The regulation does not include new fees. The regulation includes the following fee adjustments. The Board projects a net increase in revenue of approximately \$5,000 which will be used to help fund the implementation and support of a comprehensive continuing education compliance tool that will present licensees with a searchable course database of approved providers and courses and streamline the board audit process for verifying license renewal requirements.

- Fee Reduction: List of primary professional addresses of licensees from \$50 to \$25.
- Fee Reduction: Reinstatement of an expired PT license from \$300 to \$150.
- Fee Reduction: Reinstatement of an expired PTA license from \$200 to \$100
- Fee Increase: Requests to consider approval of a program of continuing competency pursuant to subsection 4 of NRS 640.150.
 - Programs worth 0 – 5.9 units- increase from \$10 to \$50.
 - Programs worth 6 – 10.9 units – increase from \$30 to \$50.

EXHIBIT A

**SUMMARY OF WRITTEN PUBLIC COMMENTS RECEIVED TO
NEVADA PHYSICAL THERAPY BOARD PROPOSED CHANGES TO NAC 640**

DATE REC'D	RECEIVED FROM	COMMENT SUMMARY
5/7/2021	Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847	<ul style="list-style-type: none"> • Request removal of annual from all fees. • Request deletion of STG requirements • Request discussion on keeping supervision ratios to 4, but allowing this to be fluid of no more than 2 techs but allowing those who do not use techs to supervise up to 4 PTAs.
10/26/2021	Karen Siran-Loughery, Karen.siran@gmail.com	<ul style="list-style-type: none"> • Support removal of the 2000-hour requirement
10/28/2021	Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847	<ul style="list-style-type: none"> • Provided the FSBPT Jurisdiction Licensure Reference Guide – Topic: PT Supervision Ratios
12/30/2021	Leslie Adrian Director of Professional Standards Federation of State Boards of Physical Therapy (703) 299-3100 x 233 ladrian@fsbpt.org	<ul style="list-style-type: none"> • Consideration of addition to the proposed amendment. Request that FSBPT be considered as one of the entities that do not have to pay the CE provider approval fee.
2/14/2022	Michael McKay, PT, DPT ATI Physical Therapy	<ul style="list-style-type: none"> • Concerns relating to the use of therapy aides administering skilled intervention. • The new language would reduce the support for physical therapists in NV by rehab techs, ultimately increasing the tasks that would need to be carried out by the licensed provider. • The result of decreased support staff would have 3 impacts on the NV communities. <ul style="list-style-type: none"> ○ Reduced access to care. ○ Decreased jobs for residents of NV. ○ Decreased job experience for future physical therapists.
7/20/2022	Brian Evans The Perkins Company 775-636-0051 brian@theperkinsco.com	<ul style="list-style-type: none"> • Submitted recommended changes to the proposed language contained in NAC 640.595.

7/27/2022	Dr. Andrea Avruskin, PT, DPT Clinical Director (ACCE) PIMA Medical Institute 333 Eash Flamingo Road Las Vegas, NV 89121 (702) 399-0668 aavruskin@pmi.edu	<ul style="list-style-type: none"> Small Business Impact Statement: A licensing board should not modify proposed or current regulations to appease or lessen profit effects on any business. The Board's vital function is to protect the public from treatment from unqualified persons.
8/3/2022	Clay Lovro PT, DPT ATI Physical Therapy (702) 734-2732	<ul style="list-style-type: none"> Small Business Impact Statement: Proposed changes will impact our ability to utilize rehab techs. These changes will reduce patient access to care and reduce the quality of care.
8/11/2022	Benjamin Buenaventura Jr., PT ATI Physical Therapy (702) 258-9381	<ul style="list-style-type: none"> Small Business Impact Statement: There is no benefit to limiting the tasks that techs can provide to a therapist. The proposed changes in NAC 640.595 will decrease aspiring therapist experience and exposure to the field thereby decreasing interest in the field which will severely affect the demand/supply of PTs in the future.
8/12/2022	Belinda Garey, Owner & Occupational Therapist Motivated Kids Therapy 3199 E. Warm Springs Rd, Suite 200 Las Vegas, NV 89120 (702) 998-1793 belinda@motivatedkidstherapy.com	<ul style="list-style-type: none"> Request termination of the 2000-hour direct supervision requirement.
8/15/2022	Catherine Gallogly, PT, DPT New Century Rehab ATI Physical Therapy (720) 384-6701	<ul style="list-style-type: none"> Small Business Impact Statement: Without the use of a rehab technician, it is likely that I, as a PT, would help 50-75% of the caseload that I currently oversee. The business would decrease revenue and more importantly, fewer patients would have access to care. I also believe the rehab tech position helps patients gain independence in their exercise programs faster.
8/15/2022	Matt Smith, PT, PT Smith Therapy Partners (208) 899-3724 msmith@stplv.com	<ul style="list-style-type: none"> The proposed changes to NAC 640.595 will have direct and indirect

		economic effects on our business. Without the use of technicians, we would lose 2 patient visits per day per physical therapist x 29 therapists = 1,183,200 dollars in revenue.
8/15/2022	John Lyons, PT Lyons Physical Therapy (775) 771-2237 Jlyons4980@gmail.com	<ul style="list-style-type: none"> • Small Business Impact Statement: Limiting the scope of PT Technicians will cause us to use PTAs instead of PT techs. It will cost \$62,000 yr (on average).
8/15/2022	Melissa Turner PTA Missy.kuhn@gmail.com	<ul style="list-style-type: none"> • Request termination of the 2000-hour direct supervision requirement
8/15/2022	Gina Mcdade, PTA College of So. Nevada	<ul style="list-style-type: none"> • Request termination of the 2000-hour direct supervision requirement. • Elevated indemnity issue.
10/7/2022	Dr. Nancy Heuer, PT, DPT Motivated Kids Therapy 3199 E. Warm Springs Road, Suite 200 Las Vegas, NV 89120 (605) 880-2119 Heuer045@umn.edu	<ul style="list-style-type: none"> • Request termination of the 2000-hour direct supervision requirement.
10/21/2022	Brian Evans The Perkins Company 775-636-0051 brian@theperkinsco.com	<ul style="list-style-type: none"> • Submitted recommended changes to the proposed language contained in NAC 640.595. • Additional Proposed Definitions to NAC 640
11/17/2022	Dr. Andrea Avruskin, PT, DPT Clinical Director (ACCE) PIMA Medical Institute 333 Eash Flamingo Road Las Vegas, NV 89121 (702) 399-0668 aavruskin@pmi.edu	<ul style="list-style-type: none"> • Suggestions for grammar and DEI purposes. • Suggestions to stay consistent with 640.595.6.c., remove physical therapy technicians, as they should not be providing treatment intervention or care.
11/21/2022	Steve Yasmer, PT Mager, Therapy Services Carson Tahoe Health (775) 445-5756	<ul style="list-style-type: none"> • Oppose the requirement for 1.5 hours of annual education in the areas of diversity, equity, inclusion, or social justice.
1/4/2023	ATI Physical Therapy The Perkins Company 775-636-0051	<ul style="list-style-type: none"> • NAC 640 Proposed Draft Language

	brian@theperkinsco.com	
1/9/2023	Nevada Physical Therapy Board 3291 N. Buffalo Drive, Suite 100 Las Vegas, NV 89129 (702) 876-5535	<ul style="list-style-type: none"> • Edit of ATI Physical Therapy proposed changes <ul style="list-style-type: none"> • Increase the supervision ratio from 1:3 to 1:4 in NAC 640.594 <ul style="list-style-type: none"> • Three PTAs at the same time. • One PT Tech at the same time. • Two students from CAPTE-accredited PT programs during an approved clinical rotation, at the same time. • Add the word “application” after the word “development” in NAC 640 Section 8, #7 • Strike the words “other than as directed by the physical therapist, from NAC 640.595, Section 8, #1. • Strike the words “other than as directed by the physical therapist, from NAC 640.595, Section 8, #3. • Add language to NAC 640.594, Section 8, #8. “A physical therapist technician shall not provide any skilled intervention. A physical therapists shall not authorize or allow a physical therapist technician to engage in any skilled intervention.” • Restate NAC 640.595 Section 67, #3(b)(4) to read “ Assisting the physical therapist or a physical therapist assistant to ensure patient safety. • Add new language to NAC 640.595, Section 67, #3(b)(4)(i.) “On each date of service, a physical therapist may determine, based upon a patient’s acuity and treatment plan, whether it is appropriate to use a physical therapy technician to assist in the performance of a physical therapy task for the patient, and if so determined, document each task that may be performed by a physical therapist technician, including data recording in an exercise log or flow sheet. • Add new language to NAC 640.595, Section 67, #3(b)(4)(ii.) “A physical therapist technician should have received on-the-job training in those tasks pursuant to NAC 640.595(3). • Strike NAC 640.595, Section 67, #4, and #5.
1/10/2023	Dr. Andrea Avruskin, PT, DPT Clinical Director (ACCE) PIMA Medical Institute 333 Eash Flamingo Road	<ul style="list-style-type: none"> • Recommendation for revisions to NAC 640 for clarification: <ul style="list-style-type: none"> • NAC 640, Section 8, #7, add “application” after “development” • Increase supervision ratio to 1:5 <ul style="list-style-type: none"> • Max of 4 PTAs

	Las Vegas, NV 89121 (702) 399-0668 aavruskin@pmi.edu	<ul style="list-style-type: none"> • Reserve the fifth slot for students • Max 2 students
1/11/2023	Dr. Andrea Avruskin, PT, DPT Clinical Director (ACCE) PIMA Medical Institute 333 Eash Flamingo Road Las Vegas, NV 89121 (702) 399-0668 aavruskin@pmi.edu	<ul style="list-style-type: none"> • Suggestion for supervision ratio: <ul style="list-style-type: none"> • 1:5 Supervision Ratio <ul style="list-style-type: none"> • 5 Slots: Max of 4 PTAs plus 1 dedicated student slot • PTA spots could be used for student, and graduate status (and one PT tech, if the Board wants to keep PT techs in the supervision ratio) • Max of 2 students. Max of 2 graduate status. (Max of 1 PT tech).
9/29/2023	Michael Hillerby Kaempfer Crowell 50 West Liberty Street, Suite 700 Reno, NV 89501 Tel: (775) 852-3900 Fax: (775) 327-2011 Email: mhillerby@kcnvlaw.com	<ul style="list-style-type: none"> • Reported on the status of proposed regulations and presented several options for Board discussion and consideration, including the removal of language related to physical therapy technicians, and seeking approval of the remaining proposal changes to NAC 640.
1/10/2024	Brian Evans, Richard Perkins The Perkins Company 775-36-051 brian@theperkinsco.com & Representatives of ATI Physical Therapy	<ul style="list-style-type: none"> • Submitted recommended changes to the proposed language contained in NAC 640.595 removing language related to the use of physical therapy technicians.

EXHIBIT B - WRITTEN PUBLIC COMMENTS
& SMALL BUSINESS IMPACT STATEMENTS

5/7/21

SMALL BUSINESS IMPACT STATEMENT ON PROPOSED REGULATION CHANGES NEVADA PHYSICAL
THERAPY BOARD

1. Page 15 Sec 22 and all other areas that list fees- Requesting the removal of annual from all fees. It was discussed prior about the possibility of going to multi-year licensure to allow for more flexibility and productivity of board staff and this change would allow for this discussion to continue.
2. Page 8-sec 11- 1d- Requesting the deletion of STG requirement as this places an extra administration burden on documentation. Only insurance require this. Most of my client are seen for less that 4 weeks or less that 6 vista so extra step that's not needed so it should be case based not regulation.
3. Page 38- sec 49- 2- requesting discussion on changing regulation to keeping the supervision of 4 but allowing for this to be fluid of no more than 2 tech but allowing for those of us who do not use techs to supervise upto 4 PTAs. This would allow us the be able to treat our clients in a more ethical manner and provide more care for our clients. As the board is striving for evidence based and skilled care this change would allow business to achieve this and remain solvent. (I am not sure why a PT needs more than 1 tech so if need a limit it should be on those extenders not PTAs.)
4. Page 39- Sec 50- 1 -In some cased Techs are ATC which are a licensed person so how by listing unlicensed how will these individuals be monitored when "working" under a PT?

Thank you for the consideration of these change.

Jenelle Lauchman, PT, DPT, OCS
Board-Certified Clinical Specialist in Orthopedic Physical Therapy
Licence # 1847
Cell: 702-278-5847
jenelle.dpt@gmail.com
Rehab Director Sports Plus Physcial Therapy
Payment Chair NV Physical Therapy Assoc.

From: Karen Siran-Loughery <karen.siran@gmail.com>

Sent: Tuesday, October 26, 2021 4:57 PM

To: Charles Harvey

Subject: removing the PTA 2000 hour requirement from NAC 640

Dear Mr. Harvey:

I would like to submit a public comment that I fully support/am in favor of the Nevada Physical Therapy Board removing the 2000 hour requirement for Graduated, licensed, physical therapist assistants that is currently in the NAC 640 but is proposed to be removed.

Please remove this part of the NAC.

I believe that PTAs do not need an additional 2000 hours of direct supervision under a PT after they have

1. been accepted into a fully accredited limited entry PTA program
2. completed/graduated from that PTA program including didactic education and clinical affiliation experiences, especially considering they do a minimum 2 full time, 8 week, clinical experiences with a fully licensed physical therapists totalling 640 hour
3. take and pass a national exam that tests their competence to practice as a licensed physical therapist assistant
4. become licensed after fulfilling all these requirements

I believe that by completing 1. through 4. above they have more than sufficiently demonstrated their ability to **COMPETENTLY** practice as a licensed therapist assistant **WITHOUT** doing 2000 more hours under direct PT supervision.

Thank you for your time and thoughtfulness in this matter.

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Respectfully,

Karen Siran-Loughery

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From: Jenelle Lauchman <jenelle.dpt@gmail.com>
Sent: Thursday, October 28, 2021 7:04 PM
To: Charles Harvey
Subject: Jurisdiction Licensure Reference Guide | Topic: PT Supervision Ratios

Charles,
Is it too late to submit this for the NAC workshop in November for discussion on supervision.

<https://www.fsbpt.net/lrg/Home/SupervisionRatio> and [Jurisdiction Licensure Reference Guide | Topic: Supervision Levels by Setting \(fsbpt.net\)](#)

The Federation of State Boards of Physical Therapy

Jurisdiction Licensure Reference Guide Topic: PT Supervision Ratios

Use regions/landmarks to skip ahead to chart

Types of personnel in the supervision ratio

Long description.

No description available.

Structure.

Pie chart with 5 slices.

Chart graphic.

Types of personnel in the supervision ratio
Temporary License: 10
Temporary License: 10
PTA: 32
PTA: 32
Aide: 22
Aide: 22
Supervised Clinical Practice: 5
Supervised Clinical Practice: 5
Student: 12
Student: 12

SUMMARY

Supervision Ratio	38
No Supervision Ratio	15

PT SUPERVISION RATIOS

Search:

State	Supervision Ratio	Personnel Included in the Supervision Ratio				
		PTAs	Aides	Students	Temporary License	Supervise
Alabama	No Supervision Ratio					
Alaska	3 (Reference)	Yes	Yes	Yes	Yes	Yes
Arizona	3 (Reference)	Yes	Yes	Yes	Yes	Yes
Arkansas	No Supervision Ratio					
California	2 PTAs + 1 aide (Reference)	Yes	Yes			
Colorado	4 (Reference)	Yes	Yes	Yes		
Connecticut	No Supervision Ratio					
Delaware	2 (Reference)	Yes				
District of Columbia	3 (Reference)	Yes	Yes	Yes	Yes	
Florida	No Supervision Ratio (Reference)					
Georgia	2 (Reference)		Yes			Yes
Hawaii	3 (Reference)	Yes		Yes	Yes	
Idaho	2 PTA / 3 PTs (Reference)	Yes	Yes	Yes		

State	Supervision Ratio	Personnel Included in the Supervision Ratio				
		PTAs	Aides	Students	Temporary License	Supervise
Illinois	No Supervision Ratio					
Indiana	3 (Reference)	Yes				
Iowa	2 (Reference)	Yes				
Kansas	4 (Reference)	Yes				
Kentucky	4 (Reference)	Yes	Yes			
Louisiana	5 (Reference)	Yes	Yes	Yes	Yes	Yes
Maine	No Supervision Ratio					
Maryland	No Supervision Ratio					
Massachusetts	Professional Judgment (Reference)					
Michigan	4 (Reference)	Yes				
Minnesota	2 (Reference)	Yes				
Mississippi	4 (Reference)	Yes		Yes		
Missouri	4 (Reference)	Yes				
Montana	2 (Reference)	Yes	Yes	Yes		

State	Supervision Ratio	Personnel Included in the Supervision Ratio				
		PTAs	Aides	Students	Temporary License	Supervise
Nebraska	2 (Reference)	Yes				
Nevada	3 (Reference)	Yes	Yes	Yes	Yes	
New Hampshire	No Supervision Ratio					
New Jersey	2 (Reference)	Yes				
New Mexico	3 (Reference)	Yes	Yes		Yes	
New York	No Supervision Ratio					
North Carolina	4 (Reference)					
North Dakota	3 (Reference)	Yes	Yes			
Ohio	No Supervision Ratio					
Oklahoma	No Supervision Ratio					
Oregon	2 (Reference)		Yes			
Pennsylvania	No Supervision Ratio					
Puerto Rico	No Supervision Ratio					
Rhode Island	No Supervision Ratio					

State	Supervision Ratio	Personnel Included in the Supervision Ratio				
		PTAs	Aides	Students	Temporary License	Supervise
South Carolina	3 (Reference)	Yes				
South Dakota	2 (Reference)	Yes				
Tennessee	3 (Reference)	Yes	Yes			
Texas	Professional Judgment (Reference)	Yes	Yes			
Utah	3 (Reference)	Yes	Yes			
Vermont	3 (Reference)	Yes	Yes	Yes	Yes	
Virgin Islands	2 (Reference)		Yes			
Virginia	3 (Reference)			Yes		Yes
Washington	No Supervision Ratio					
West Virginia	4 (Reference)	Yes	Yes		Yes	
Wisconsin	4 (Reference)	Yes	Yes		Yes	
Wyoming	5 (Reference)	Yes	Yes			

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Thanks,

Jenelle Lauchman, PT, DPT
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
Manager of Outpatient Therapy Valley Health Speciality Hospital
APTA Nevada- Payment Chair
Cell: 702-278-5847

Great leaders are like the best conductors- they reach beyond the notes to reach the magic in the players- Lee

Proposed amendment to NAC 640.410

Leslie Adrian <LAdrian@aon.fsbpt.org>

Thu 12/30/2021 8:46 AM

To: Charles Harvey <pted@govmail.state.nv.us>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Happy New Year Charles! I hope this email finds you doing well and that you enjoyed the holidays.

We were doing our usual review of proposed laws and regs and came across one in Nevada that I wanted to discuss. I wanted to reach out to see if you might consider an addition to the proposed amendment to NAC 640.410 (below). FSBPT has been offering CEUs for our webinars and larger meetings for attendees for a few years now. Although FSBPT doesn't offer much CE, we'd like the Board to potentially consider us as one of the entities who don't have to pay the CE provider approval fee in section 3. Because we don't have many offerings, I think FSBPT is not top of mind when thinking about providers of continuing competence activities.

If you want to discuss further or want me to submit this request via a different means, please let me know.

Thank you

Leslie

NAC 640.410 Providers of continuing ~~education~~ *competence*: Recognition by Board.[\(NRS 640.050, 640.150, 640.280\)](#)

~~3. 1. All **other** persons seeking recognition by the Board as a provider of continuing ~~education~~ *competence* must apply to the Board. The application will be granted if the Board finds that the applicant is competent to provide continuing ~~education~~ *competence*. For applications submitted directly to the Board, the Board will notify the applicant in writing of its decision within 90 days after receipt of the application.~~

2. The Board may deny or withdraw recognition if it finds that a provider of continuing ~~education~~ *competence* has:

- (a) Failed to furnish a course of study or training as advertised;
 - (b) Engaged in any misleading or deceptive practice; or
 - (c) Failed to comply with any provision of this chapter or [chapter 640](#) of NRS.
- (Added to NAC by Bd. of Phys. Therapy Exam'rs, eff. 10-17-86; A by R059-06, 9-18-2006)

~~3. The Board may waive those fees referenced NAC 640.025 (4) for the following providers:~~

- ~~(a) Any school accredited by the CAPTE which offers instruction in the field of physical therapy will be considered as a recognized provider of continuing education without applying to the Board for approval.~~
- (b) American Physical Therapy Association (APTA) and its academies and chapters*

Leslie Adrian, PT
DPT, MPA

Director of Professional Standards
Federation of State Boards of Physical Therapy
124 S. West Street, 3rd floor
Alexandria, VA 22314-2825
703-299-3100 ext 233
ladrian@fsbpt.org



RECEIVED

FEB 14 2022

NV PT Board

Jan. 17, 2022

Re: Proposed Revisions to Section 640 of the Nevada Administrative Code

To whom it may concern;

I am writing on behalf of New Century Rehabilitation, LLC dba ATI Physical Therapy, who currently employs over 75 licensed Physical Therapists and Physical Therapist Assistants in the state of Nevada.

Upon review of the proposed changes to Chapter 640 of the Nevada Administrative Code regarding the practice of physical therapy, we have concerns specifically as it relates to the use of therapy aides administering skilled intervention.

The proposed changes in NAC 640.595 Physical Therapist technicians create uncertainty related to the use of a rehab aide. As it relates to 6.b.iv, the following language update is provided:

“May assist the physical therapist or physical therapist assistant, under the immediate supervision of the physical therapist, in performing a specific therapy service; however, the technician can never provide any skilled intervention”.

Skilled intervention is then defined in 6.c as:

- i. Advise, teach or instruct patients concerning their condition or disability
- ii. Carry out testing or evaluation procedures
- iii. Make any notations in documents regarding patient care or clinical treatment with the exception of basic data recording in an exercise log or flow sheet.
- iv. An *activity* which requires licensure under this chapter
- v. An *activity* which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant.
- vi. The interpretation of referrals, screenings, assessments, evaluations, or reassessments.
- vii. The development or modification of therapeutic exercise programs, treatment plans, or discharge plans

The points iv and v which identify ‘an activity’ is general and could be potentially interpreted a wide number of ways, possibly indicating a reduced ability by the physical therapist to utilize rehab technicians in the execution of care with patients. It is our understanding that this new language would reduce the support for physical therapists in NV by rehab technicians, ultimately increasing the tasks that would need to be carried out by the licensed provider.



The result of decreased support staff would have 3 impacts on the NV communities.

1. Reduced access to care.
2. Decreased jobs for residents of NV.
3. Decreased job experience for future physical therapists.

NV currently is last in the nation for physical therapists per capita. Currently patients who require physical therapy services must wait days in excess to other states in order to receive PT. This additional wait has the potential to result in increased opioid use, increased healthcare costs, and increased time for individuals to return to work. As it is the mission of the NV PT board to 'protect and promote the health and safety of Nevadans' this change in practice act would require physical therapists to do basic tasks with patients resulting in increased burden on the provider and reduced ability to maintain current patient access. This interpretation is resultant from the broad language of 6.c.v.

A reduction in ability to delegate basic care would reduce the need for a rehab technician in physical therapy clinics. This would likely result in the job loss of hundreds of Nevadans. Currently the rehab technician job employs multiple people in hundreds of outpatient physical therapy practices across NV.

Finally, the rehab technician position is one that provides young adults seeking a profession in physical therapy experience and training required to get into physical therapy school as well as give quality care as a licensed professional later on. Reducing their participation in patient care creates a barrier to entry to physical therapy school. While this barrier can be overcome through volunteer experience, the inability of students to have a working internship means a delay in timing of becoming a PT, in turn contributing to the continued problem of reduced access to care.

We would welcome continued engagement on this matter as the Board meetings provided limited dialogue regarding these changes and feel that the full scope of the impact was not vetted prior to the language update. We would be happy to discuss further, in order to provide a unified solution that would be in the best interest of patients, the NV communities, and physical therapy providers.

We are committed to quality care for the residents of Nevada and will continue to ensure that all patients receive treatment in a safe and effective manner.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael McKay".

Michael McKay PT, DPT
District Director
ATI Physical Therapy

Comments rec'd from Brian Evans, Perkins Co. 7/20/2022
Discussed at the 7/22/2022 Board Meeting

PROPOSED CHANGES TO CURRENT PROPOSED REGULATIONS OF THE NEVADA PT BOARD

**Note, the plan language below represents the current proposed replacement language to NAC 640.595, and the redline changes represent our recommended changes to the proposed replacement language.*

NAC 640.595 Physical therapist's technicians. (NRS 640.050)

1. Notwithstanding the definition provided in NRS 640.016, physical therapist technicians are also known as, but not limited to: technicians (techs), rehabilitation (rehab) aides, or rehabilitation technicians (rehab techs).
2. A physical therapist technician shall work under the immediate supervision of a physical therapist at all times in NRS 640.016.
3. The physical therapist is responsible for:
 - a. The conduct, training, and actions of a physical therapist technician
 - b. Documenting competency of all activities performed by the physical therapist technician.
4. A physical therapist technician must be properly identified by a name tag, which includes the physical therapist technician's name and job title.
5. The Board will consider any technician aide or person not licensed pursuant to NRS Chapter 640 who performs services related to physical therapy which have been directed by a physical therapist to be a physical therapist technician. All of these persons must be represented as a physical therapist technician.
6. A physical therapist may delegate the following to a physical therapist technician:
 - a. Routine tasks related to:
 - i. The cleanliness and maintenance of equipment and the physical plant; and
 - ii. The management of the business aspects of the practice, including scheduling appointments and filling out insurance forms; and
 - b. Such other assignments with respect to patient care as may be specifically made by the physical therapist, including:
 - i. Positioning the patient;
 - ii. Assisting with the undressing and dressing of the patient;
 - iii. Transport of patients, records, equipment, and supplies in accordance with established policies and procedures;
 - iv. May assist the physical therapist or physical therapist assistant, under the immediate supervision of the physical therapist, in performing a specific therapy service; the physical therapist technician should have received on the job training in those tasks specifically related

Commented [EK1]: We believe this may be a bad reference and intended to reference 640.016

Deleted: 2

to the therapy service; in addition, direction should specify patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient related tasks.

Commented [EK2]: Richard, FYI, this standard is consistent with other state regulations, such as Wisconsin

c. A licensed physical therapist shall not authorize or permit a physical therapist technician to engage in any of the following activities:

Deleted: however, the technician can never provide any skilled intervention

i.

Deleted: skilled intervention. Skilled intervention shall be

Carry out testing or evaluation procedures;

Deleted: defined as

ii.

Deleted: Advise, teach or instruct patients concerning their condition or disability;

An activity which requires licensure under this chapter;

Deleted: ii.

Deleted: i

An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant;

Deleted: Make any notations in documents regarding patient care or clinical treatment with the exception of basic data recording in an exercise log or flow sheet;

The interpretation of referrals, screenings, assessments, evaluations, or reassessments;

Deleted: iv.

The development or modification of therapeutic exercise programs, treatment plans, or discharge plans.

Deleted: v

Deleted: i

Deleted: ii

Question 1. Please provide the following information:

NAME:	Andrea Avruskin PT DPT		
ORGANIZATION:	Pima Medical Institute	DATE:	7/27/22
CONTACT INFO:	aavruskin@pmi.edu		

Question 2. How many employees are currently employed by your business?

- 1 - 150
 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
 No

Explain: A Licensing Board should not modify proposed or current regulations to appease or lessen profit effects on any business. The Board's vital function is to protect the public from treatment from unqualified persons.

Question 4: Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
 No

Explain: Licensing Boards are formed to protect the public from unsafe treatment --not to consider the effects of their regulations on business' profit or ease of function.

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
- No

Explain: Certain PT practice owners in NV have skirted and abused the law for decades simply to increase their profit margin and sellability to larger corporations. They degraded insurance company reimbursement rates for all PTs because services were, and are, being provided by persons not licensed as PTs or PTAs.
The NV PT Board needs to protect the public from receiving physical therapy treatment from anyone not licensed as a PT or PTA.

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
- No

Explain: _____

Other Comments:

The APTA states that the only person who can assist the PT in providing PT services is a PTA.

It's time for the PT Board to put a stop to the degradation of value and effectiveness of PT services caused by use of persons not licensed as PTs or PTAs for treatment of patients.

The NV PT Board needs to protect the public from any PT interventions given by persons not licensed as a PT/PTA.

Use of persons not licensed as a PT/PTA is a strategy by a business to reduce costs and increase profitability. It is a fraud on the general public.

The PT Board should prohibit anyone except licensed PT/PTAs from providing any PT services, treatments or interventions in whole or any part, including set-up, which certainly does require the knowledge and training of a licensed person, (despite those who say otherwise, in order to use lower-paid persons).

We need to protect the public from shoddy care, profit-seeking owners/managers, and further loss of reimbursement value.

Signature

**Andrea
Avruskin**

Digitally signed by Andrea Avruskin
DN: cn=Andrea Avruskin, o, ou, email=aavruskin@pml.edu, c=US
Date: 2022.07.27 21:47:36 -0700

Question 1. Please provide the following information:

NAME:	Clay Louvo	
ORGANIZATION:	ATI Physical Therapy	DATE: 8/3/22
CONTACT INFO:	702-734-2732	

Question 2. How many employees are currently employed by your business?

- 1 - 150
- 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business?

If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
- No

Explain: _____

Question 4: Will the regulation(s) have any beneficial effect upon your business?

If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
- No

Explain: _____

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
- No

Explain: _____

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
- No

Explain: _____

Other Comments:

Proposed changes will impact our ability to utilize rehab
techs. These changes will ① Reduce patient access to care.
② Reduce quality of care.

Clay Owen
Signature

Question 1. Please provide the following information:

NAME:	Benjamin G. DUNAVANT JR. PT.	
ORGANIZATION:	ATI PHYSICAL THERAPY	DATE: 8/11/22
CONTACT INFO:	702 258-9381	

Question 2. How many employees are currently employed by your business?

- 1 - 150
- 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business?

If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
- No

Explain: The proposed changes in NAC 640.595

Question 4: Will the regulation(s) have any beneficial effect upon your business?

If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
- No

Explain: _____

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
- No

Explain: Decreasing a technicians ability to help a therapist will
decrease the community's access to care, which is already
an ongoing healthcare crisis in Nevada.

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
- No

Explain: _____

Other Comments:

There is no benefit to limiting the tasks a tech
can provide to a therapist. The proposed changes in NAC 640.595
will decrease aspiring therapists' experience & exposure to the field
thereby decreasing interest in the field which will severely affect
the demand/supply of PT's in the future.

[Signature]
 Signature



August 12, 2022

Dear Nevada Physical Therapy Board and Legislators,

My name is Belinda Garey owner and occupational therapist with Motivate Kids Therapy. We serve children ages 0-18 years old, providing occupational, speech and physical therapy in a clinic-based setting.

I am reaching out regarding PT Board approved changes to NAC 640, eliminating direct supervision of PTA graduates requiring 2,000 hours. I first reached out regarding these changes in December 2021 and was informed it could take up to 6 months. Unfortunately, it has taken much longer than that and it is affecting the employment of my therapists and disrupting the ability to provide ongoing physical therapy services to our patients. As a result of this delay in adopting the proposed changes, all children currently receiving physical therapy at our clinic will no longer be able to continue receiving services as of September 1, 2022. The current supervising PT is no longer available and unless another PT is hired before August 31st with exact same hours as our PTA all patients receiving physical therapy services at our clinic will no longer be able to be treated.

I request that you place this item into motion immediately and adopt these changes to prevent from further disruption of therapy services to patients and prevent therapists from losing their employment.

Thank you for considering this request to expedite the adoption of the proposed revisions to NAC 640. Please feel free to contact me if you have any further questions regarding my concerns.

Sincerely,

Belinda Garey
Owner & Occupational Therapists
belinda@motivatedkidstherapy.com

3199 E Warm Springs Rd, Suite 200
Las Vegas, NV 89120
Ph: (702) 998-1793
Fax: (702) 920-8257



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Suite 200
Las Vegas, NV 89120
Ph: (702) 998-1793
Fax: (702) 920-8257
www.motivatedkidstherapy.co

RECEIVED

AUG 15 2022

NV PT Board

Question 1. Please provide the following information:

NAME: Catherine Gallogly

ORGANIZATION: New Century Rehab DATE: 13 AUG 2022
 ATI Physical Therapy

CONTACT INFO: (720) 384-6701
 catherine.gallogly@atipt.com

Question 2. How many employees are currently employed by your business?

- 1 - 150
- 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business?

If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
- No

Explain: Without the use of a rehab technician, it is likely that I, as a PT, would help 50-75% the caseload that I currently oversee. I do not have access to specific dollar amounts, but know that the business would decrease revenue & more importantly, less

Question 4: Will the regulation(s) have any beneficial effect upon your business? Patients would have access to care.
 If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
- No

Explain: Employing less technicians would likely result in seeing fewer patients. In order to see the same number of patients, either existing clinicians would seek wage compensation, or more clinicians would need to be employed, both costing the company more than the technicians originally employed, & again, likely serving fewer patients.

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
 No

Explain: I suspect quality of patient care would decrease, which could also result in poorer patient outcomes. The care is not only important for the patient, but also for the PT as well as the referring provider / surgeons.

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
 No

Explain: The only benefit I could hypothesize would assume clinicians would treat fewer patients each day, which may decrease risk of burnout. But this is at the cost of fewer patients being served in a community that is already at a disadvantage with access to care.

Other Comments:

The rehab technician position, as it stands, is a fantastic opportunity for individuals to experience careers in PT/PTA to help decide future career paths, or to aid in an applicant's chances of being accepted into PT/PTA programs. I also believe that the rehab technician position helps patients gain independence in their exercise programs faster. Patients trust the rehab techs to teach them exercises, but patients then do not rely on their therapist too heavily, & can more quickly feel confident in their ability to independently manage their conditions.

Orthoferallopin, PT, DPT
 Signature

Question 1. Please provide the following information:

NAME:	Matt Smith		
ORGANIZATION:	Smith Therapy Partners	DATE:	8/15/22
CONTACT INFO:	msmith@stplv.com		

Question 2. How many employees are currently employed by your business?

- 1 - 150
 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business?

If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
 No

Explain: The proposed changes to NAC 640.595 will have direct and indirect economic effects on our business. Without the use of technicians, we would lose 2 patient visits per day per physical therapist x 29 therapists = \$1,183,200 dollars in revenue.

Question 4: Will the regulation(s) have any beneficial effect upon your business?

If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
 No

Explain: This will have negative impact with the shortage of PTs and PTAs we will not be able to replace that revenue in a timely manner. In addition, PTs and PTAs are more expensive and have a long term effect on profitability and access to care.

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
- No

Explain: Decreased revenue and increased expenses.

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
- No

Explain: _____

Other Comments:

The state has failed to demonstrate any harm to the public with use of therapy technicians.
The new regulations will decrease access to care for the public, thus causing harm.


Signature

Question 1. Please provide the following information:

NAME:	John Lyons		
ORGANIZATION:	Lyons Physical Therapy	DATE:	8/15/22
CONTACT INFO:	JLyons4980@gmail.com		

Question 2. How many employees are currently employed by your business?

- 1 - 150
 151 or more

If more than 150 employees, you will not need to answer the rest of the questions. Please EMAIL, MAIL, or FAX the questionnaire to the above address. If less than 150, please continue with the remaining questions.

Question 3: Will a specific regulation have an adverse economic effect upon your business?

If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

- Yes
 No

Explain: Limiting the scope of P.T. technicians will cause us to

use PTA instead of P.T. technicians. It will cost > \$62,000/year based on PTA costing \$10/HR more (on average) than P.T. technicians.

Question 4: Will the regulation(s) have any beneficial effect upon your business?

If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

- Yes
 No

Explain: _____

Question 5: Do you anticipate any indirect adverse effects upon your business?

- Yes
 No

Explain: Quality of care could become worse as
owners cannot afford to hire + pay more PTA
instead of PT techs.

Question 6: Do you anticipate any indirect beneficial effects upon your business?

- Yes
 No

Explain: _____

Other Comments:

There should not be any changes made to the scope
of P.T. technicians. Techs are necessary in outpatient
facilities especially with Nevada being one of, if not
the worst state, for insurance reimbursement.


Signature

August 15, 2022

Dear Nevada Physical Therapy Board and Nevada Legislators,

My name is Melissa Turner and I am writing in regards to the changes proposed for NAC 640. I graduated from College of Southern Nevada in Spring of 2021 with my Physical Therapy Assistant (PTA) degree. I passed my board exam in April and received my PTA license from the board after graduating in June 2021.

The proposed changes were open for public comment in November 2021 before submitting to the Legislative Counsel Bureau. I reached out to the Executive Director at the Nevada Physical Therapy Board in November, who stated the expected time of processing would take 4-6 months. This was nine months ago. Each time I follow up on the status of the process it continues to be delayed.

These delays are heavily impacting my employer (Motivated Kids Therapy), myself, and our physical therapy clients. My supervising PT works at the clinic 4 days/week and this has limited me from being able to work/offer a full time schedule for our clients. I have been financially affected and several clients have been affected by the lack of being able to provide services full time and the changes continue to be delayed. These limitations have also prevented me from being able to accrue my 2,000 hours that is typically accrued in a 1 year full time work period.

Not only has the delay limited me being able to work full time at my clinic, now it is currently affecting my ability to stay employed at my current place of employment. My supervising PT has notified us that her last day will be August 31. Without the current NAC 640 limitations I would be able to stay on as the PTA and provide services while we search for a new qualified PT. However, with the NAC 640 as it currently is, I am unable to continue my employment due to not having a PT and the clinic will be unable to provide physical therapy services to our clients that need these services.

The purpose of attending an accredited PTA program, passing a board licensing exam, and completing clinical rotations should assure that I am competent and prepared to work as a PTA. The mission of the Nevada Physical Therapy Board states it "protects and promotes the health and safety of Nevadans by pursuing the highest quality of physical therapy practice through education, communication, licensing, legislation, regulation, and enforcement". However, delaying these changes any longer is affecting the clients that need these services and making it more difficult for licensed individuals to provide these services. I respectfully ask that these changes are no longer delayed, so that PTA's proven to be qualified are no longer at risk for losing their jobs, no longer limited in their providing services, and clients are no longer negatively impacted.

Thank you for your time and consideration. Please feel free to contact me if you have any questions.

Thank you,

Melissa Turner

Melissa Turner
Physical Therapy Assistant
missy.kuhn@gmail.com

RE: PTA 2002 hours, elevated indemnity

Neena Laxalt <nlaxalt@msn.com>

Mon 8/15/2022 1:09 PM

To: Mcdade, Gina <Regina.McDade@CSN.EDU>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Gina,

Thank you for your email. I will forward to the Board to address your concerns. As well, I would suggest contacting your state association for assistance. I am not aware of a PTA specific association, but there is a Nevada Pt Association.

Best,

Neena Laxalt

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Mcdade, Gina" <Regina.McDade@CSN.EDU>

Date: 8/15/22 12:53 PM (GMT-08:00)

To: nlaxalt@msn.com

Subject: PTA 2002 hours, elevated indemnity

Hi Neena.

My name is Gina McDade and I am the ACCE for the PTA Program at CSN. I got your email from Kat Joines, I hope you don't mind my reaching out to speak with you regarding the current issue of the 2000 hours direct supervision.

I know that this issue has been on the books, for some time now, to be withdrawn and is supposed to be going before the Board or the legislature sometime soon for finalization. I wonder if you can expand on that for me with when that meeting will be and if it is open for public comment, or if letters can be presented for the record if the meeting is not open for comment.

Over the course of the past few years, I have been contacted by many of our community physical therapists, as well as PTA's, asking for information regarding the removal of the 2000 hour direct supervision clause from our practice act. The PTA's are eager to get it finalized, but the PT's/OT's (business owners) are becoming more eager to see it gone, as well.

The impact this requirement is having on staffing and business success is becoming more negative and I just received letters from 2 such individuals who want their concerns to be heard. I have PTA's losing jobs because the PT's are reducing hours from full to part-time and the supervision is lost along with the job.

Is there anything we can do to get this moving forward at a faster pace? This issue has been before the Board and legislature for a very long time and we are hoping there is a light at the end of the tunnel sooner than later. Any insight you have that I can pass to my graduates and to our community therapists, is greatly appreciated.

The other subject I wanted to ask about was elevated indemnity. CSN lost the educational contract with HSA Hospitals last Fall because HSA desires the current indemnity, which is now set at 1 mil/3 mil, to be elevated to 2

mil/5 mil. policies. Because legislature sets this amount, our educational hands are tied for these clinical placements, which are required by accrediting bodies in order to have our program. My understanding is that the contract UNLV has with HCA will expire in October. They will face the same issue I am having with a lack of placement availability with hospital, or in-patient sites, in order to meet the required placement criteria for graduation. This issue affects every health care program at our schools and will not be limited to physical therapy and physical therapist assistant; it will affect nursing, radiology, physician, etc. It appears we have no lobby trying to help get this issue resolved. I have lost 3 hospital sites with the absence of 1 single contract! If the other hospitals should decide to seek the same, we will be dead in the water for in-patient placements. Our program will fail. There has to be a way to get this before legislation so we can start the discussion. To my knowledge, it isn't being discussed at this time.

I have reached out to Charles, to Kat, Lisa Taylor at UNLV, and to Sue Sherman trying to find a way to get information and help. Do you have any insight to this issue? Is there someone specifically we collectively need to go to? On this subject, too, any insight and help will be greatly appreciated. Thank you so much for your time with these issues.

I have attached the recent letters I have received for your regard.

Have A Wonderful Day!

Gina McDade PTA ACCE



Physical Therapist Assistant Program
College of Southern Nevada
702-651-5586 (O)
702-358-2285 (Cell)

Fwd: NV PTA Direct Supervision Requirement

UMN <heuer045@umn.edu>

Tue 10/18/2022 2:48 PM

To: Muriel Morin-Mendes <ptapplication@govmail.state.nv.us>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

I spoke with you on the phone earlier regarding the following email that was sent to the executive director. If you could please print it out along with the attached PDF and pass along to him that would be greatly appreciated.

Thank you so much!

-Nancy

Begin forwarded message:

From: Nancy Heuer <heuer045@umn.edu>
Date: October 7, 2022 at 08:33:00 PDT
To: pted@govmail.state.nv.us
Subject: NV PTA Direct Supervision Requirement

Hello,

I have attached a letter of consideration regarding waiving the 2000 hour direct supervision requirement for a PTA that works under me who is close to completion.

Thank you for your time and consideration on this matter.

Sincerely,

Nancy Heuer, PT, DPT
Physical Therapist

To whom it may concern:

I am writing to request early termination of the 2000-hour direct supervision requirement for physical therapy assistant Melissa Turner (License #A1397). Melissa has currently completed 1600 hours of direct supervised treatment at Motivated Kids Therapy.


There is currently a shortage of physical therapists with thousands of job openings nationwide. I have numerous contacts locally and in other states who are all in need of pediatric therapists. Our company has been looking for a physical therapist for months but despite the combined efforts of connecting with DPT programs, online job boards and reaching out to connections, we have been unable to find another physical therapist. The restriction of Melissa requiring direct supervision greatly impacts our patients and our ability to provide the best possible care to patients and their families. Unfortunately, it also prohibits some patients from receiving PT services. It is also a disservice to our families to have to cancel Melissa's patients whenever I am unable to work due to appointments, emergencies, etc.

Melissa is a great asset to the physical therapy profession and goes above and beyond her role within appropriate boundaries as a PTA. She demonstrates an unparalleled level of professionalism, expertise, and critical thinking skills within her scope of practice and is continuously striving to advance her knowledge and abilities to provide better patient care and outcomes. She has a great work ethic, collaborates effectively with other disciplines, and works diligently to provide high quality physical therapy services.

I take my role as Melissa's supervisor very seriously and would not be making this request were I not completely confident in Melissa's abilities to perform her job effectively within her scope of practice and without direct supervision. Additionally, the board approved to eliminate the 2000-hour requirement for physical therapy assistants in NAC 640.596 at their board meeting on November 12, 2021. Waiving the remainder of Melissa's direct supervision hours would positively impact patient care and allow us to better serve patients and families in the Las Vegas Valley and surrounding areas.

Thank you so much for your time and consideration.

Please do not hesitate to reach out to me directly if you have any further questions regarding this request.

 PT, DPT
Dr. Nancy Heuer, Physical Therapist, DPT
Motivated Kids Therapy
3199 E. Warm Springs Road
Suite 200
Las Vegas, NV 89120
heuer045@umn.edu
Direct Line: 605-880-2119

PROPOSED CHANGES TO CURRENT PROPOSED REGULATIONS OF THE NEVADA PT BOARD

****Note, the plan language below represents the current proposed replacement language to NAC 640.595, and the redline changes represent our recommended changes to the proposed replacement language.***

NAC 640.595 Physical therapist's technicians. (NRS 640.050)

1. Notwithstanding the definition provided in NRS 640.016, physical therapist technicians are also known as, but not limited to: technicians (techs), rehabilitation (rehab) aides, or rehabilitation technicians (rehab techs).
2. A physical therapist technician shall work under the immediate supervision of a physical therapist at all times in NRS 640.016.
3. The physical therapist is responsible for:
 - a. The conduct, training, and actions of a physical therapist technician
 - b. Documenting competency of all activities performed by the physical therapist technician.
4. A physical therapist technician must be properly identified by a name tag, which includes the physical therapist technician's name and job title.
5. The Board will consider any technician aide or person not licensed pursuant to NRS Chapter 640 who performs services related to physical therapy which have been directed by a physical therapist to be a physical therapist technician. All of these persons must be represented as a physical therapist technician.
6. A physical therapist may delegate the following to a physical therapist technician:
 - a. Routine tasks related to:
 - i. The cleanliness and maintenance of equipment and the physical plant; and
 - ii. The management of the business aspects of the practice, including scheduling appointments and filling out insurance forms; and
 - b. Such other assignments with respect to patient care as may be specifically made by the physical therapist, including:
 - i. Positioning the patient;
 - ii. Assisting with the undressing and dressing of the patient;
 - iii. Transport of patients, records, equipment, and supplies in accordance with established policies and procedures;
 - iv. May assist the physical therapist or physical therapist assistant, under the immediate supervision of the physical therapist, in performing a specific therapy service; the physical therapist technician should have received on the job training in those tasks specifically related

to the therapy service; in addition, direction should specify patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient related tasks.

c. On each date of service, a physical therapist shall;

i. Determine, based on a patient's acuity and treatment plan, whether it is appropriate to use a physical therapy technician to perform a selected treatment intervention or physical therapy task for the patient; and

ii. If so determined, document each therapeutic intervention or physical therapy task that may be performed by a physical therapist technician, including but not limited to, data recording in an exercise log or flow sheet.

d. A licensed physical therapist shall not authorize or permit a physical therapist technician to engage in any of the following activities:

i.

Carry out testing or evaluation procedures;

ii.

An activity which requires licensure under this chapter;

iii. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant;

iv. The interpretation of referrals, screenings, assessments, evaluations, or reassessments;

v. The development or modification of therapeutic exercise programs, treatment plans, or discharge plans.

e. When patient related tasks are provided to a patient by a physical therapist technician, the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.

From: Andrea Avruskin <aavruskin@pmi.edu>
Sent: Thursday, November 17, 2022 3:16 PM
To: April Ramirez <aramirez@govmail.state.nv.us>
Subject: Suggestions for edits to NAC changes

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

I read through the proposed NAC changes, and have some suggestions for revisions. Some suggestions are for grammar or DEI purposes.

Others are to make wording more consistent and less confusing. I hope you will consider using some of these suggestions.

Sincerely,
Andrea Avruskin

SUGGESTIONS FOR CORRECTIONS

1. **NAC 640.008** Line 3-4 the direction or assistance provided to a student of physical therapy or physical therapy assistant program

Change to

the direction or assistance provided to a student of physical therapy or physical therapist assistant program

2. **NAC 640.510** 1. Each physical therapist or physical therapist assistant must certify completion of the required competence units specified in NAC 640.400 in his or her renewal application

Change to

1. Each physical therapist or physical therapist assistant must certify completion of the required competence units specified in NAC 640.400 in ~~his or her~~ the renewal application

3. **NAC 640.550** 4. Not diagnose, prescribe for, and treat or advise a patient on any problem outside related to licensee's field of the practice of physical therapy.

Change to

4. Not diagnose (**physical therapist only**), prescribe for (**physical therapist only**), and treat or advise a patient on any problem outside ~~related to the~~ licensee's ~~field-scope~~ of ~~the~~ practice of physical therapy.

4. **NAC 640.590** 4 d. Instruct physical therapist assistants and technicians regarding: i. The specific program of treatment intervention of a patient; ii. Any precaution to be taken to protect a patient; iii. Any special problems of a patient; iv. Any procedure which should not be administered to a patient; v. Any other information required to treat a patient; e. Not delegate, other than to another physical therapist, the planning of an initial program of treatment intervention and any subsequent planning of a program of treatment intervention based on the results of tests and evaluations on a patient.

Suggestion: Remove "technician" from this section, as physical therapy technicians should not allowed to administer any skilled intervention treatment per 640.595.6.c.

Change to:

4 d. Instruct physical therapist assistants ~~and technicians~~ regarding: i. The specific program of treatment intervention of a patient; ii. Any precaution to be taken to protect a patient; iii. Any special problems of a patient; iv. Any procedure which should not be administered to a patient; v. Any other information required to treat a patient; ~~e-~~ vi. Not delegate, other than to another physical therapist, the planning of an initial program of treatment intervention and any subsequent planning of a program of treatment intervention based on the results of tests and evaluations on a patient.

5. **NAC 640.590** 5. For each patient on each date of service, a physical therapist shall provide all of the treatment intervention that requires the education, skills, and knowledge of a physical therapist and shall determine the use of physical therapist assistants or physical therapy technicians to ensure that the delivery of care that is safe, effective, and efficient.

Suggestion: To stay consistent with 640.595.6.c., remove physical therapy technicians, as they should not be providing treatment intervention or care.

Change to:

5. For each patient on each date of service, a physical therapist shall provide all of the treatment intervention that requires the education, skills, and knowledge of a physical therapist and shall determine the use of physical therapist assistants ~~or physical therapy technicians~~ to ensure that the delivery of care that is safe, effective, and efficient.

6. **NAC 640.595** 1. Notwithstanding the definition provided in NRS 640.0216, physical therapist technicians are also known as, but not limited to: technicians (techs), rehabilitation (rehab) aides, or rehabilitation technicians (rehab techs)

5. The Board will consider any technician aide or person not licensed pursuant to NRS Chapter 640 who performs services related to physical therapy which have been directed by a physical therapist to be a physical therapist technician. All of these persons must be represented as a physical therapist technician

6.b.iv. May assist the physical therapist or physical therapist assistant, under the immediate supervision of the physical therapist, in performing a specific therapy service; however, the technician can never provide any skilled intervention.

6. c. A licensed physical therapist shall not authorize or permit a physical therapist technician to engage in any skilled intervention. Skilled intervention shall be defined as: i. Advise, teach or instruct patients concerning their condition or disability; ii. Carry out testing or evaluation procedures; iii. Make any notations in documents regarding patient care or clinical treatment with the exception of basic data recording in an exercise log or flow sheet; iv. An activity which requires licensure under this chapter; v. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant; vi. The interpretation of referrals, screenings, assessments, evaluations, or reassessments; vii. The development or modification of therapeutic exercise programs, treatment plans, or discharge plans

Comment: "Skilled intervention" is the same as "treatment". All treatment application requires skill, training, AND licensure. If we say that some things do not, we are saying that they are unskilled tasks and therefore insurance companies will not reimburse for these activities, because it does not take skilled intervention. To preserve our value to insurance companies and the public, and assure the public of the safe application of all treatment interventions, we should ensure that both the public and insurance companies know every part of every treatment is skilled intervention and requires a licensed person to apply it. The language of this section 6c conflicts with 6 b iv, and at the very least, is confusing and may be misinterpreted by clinical facilities in order to use unlicensed labor to give care and to maximize profits.

Changes needed:

5. The Board will consider any technician aide or person not licensed pursuant to NRS Chapter 640 who performs services ~~related to physical therapy for the clinical facility~~ which have been directed by a physical therapist to be a physical therapist technician. All of these persons must be represented as a physical therapist technician

6.b.iv. May **not** assist the physical therapist or physical therapist assistant, under the immediate supervision of the physical therapist, in performing ~~a specific any~~ therapy service, ~~;- however, the technician can never provide any treatment, or~~ skilled intervention.

6. c. A licensed physical therapist shall not authorize or permit a physical therapist technician to engage in any skilled intervention. Skilled intervention shall be defined as: i. Advise, teach or instruct patients concerning their condition or disability; ii. Carry out testing or evaluation procedures; iii. Make any notations in documents regarding patient care or clinical treatment with the exception of basic data recording in an exercise log or flow sheet; iv. An activity which requires licensure under this chapter; v. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant; vi. The interpretation of referrals, screenings, assessments, evaluations, or reassessments; vii.

The **application**, development or modification of therapeutic exercise programs, **treatment interventions**, treatment plans, or discharge plans

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Dr. Andrea Avruskin PT, DPT, ATC, LAT

Clinical Director (ACCE)

3333 East Flamingo Road

Las Vegas, Nevada 89121

TEL: 702-399-0668 |

PMI.EDU

Students are the future of our profession

The Physical Therapist Assistant (PTA) program at Pima Medical Institute, Las Vegas campus is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), [1111 North Fairfax Street, Alexandria, Virginia 22314](http://www.capteonline.org); telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

FW: Comment for public hearing December 5, 2022

Yasmer, Steve <steve.yasmer@carsontahoe.org>

Mon 11/21/2022 2:33 PM

To: April Ramirez <aramirez@govmail.state.nv.us>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon,

I respectfully submit the following:

- I oppose the proposed change to NAC 640.400 requiring 1.5 hours of yearly education in the areas of diversity, equity, inclusion or social justice. NV law requires all health care workers to complete 8 hours of training on this subject which I have recently done. The proposed change to NAC 640.400 is redundant to state law and places undue burden on PTs/PTAs.

Thank you for the opportunity to submit this comment.

Happy Monday!

Steve

Steve Yasmer, P.T.

Manager, Therapy Services

CPI, Nonviolent Crisis Intervention Instructor

A.L.I.C.E. Certified Instructor

Carson Tahoe Health

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**COMMENTARY ADDRESSING PROPOSED CHANGES TO CURRENT PROPOSED REGULATIONS
OF THE NEVADA PT BOARD**

The plain language below represents the current proposed additional definition to NAC 640 and replacement language to NAC 640.595. The marked language is proposed changes to the current Board proposed language.

Additional Proposed Definition to NAC 640

Sec. 8 “Skilled intervention” or “treatment intervention” means:

1. To advise, teach or instruct a patient concerning the condition or disability of the patient other than as directed by the physical therapist.
2. To carry out testing or evaluation procedures.
3. To make any notations in documents regarding patient care or clinical treatment with the exception of recording basic data in an exercise log or flow sheet other than as directed by the physical therapist.
4. An activity which requires licensure pursuant to this chapter and chapter 640 of NRS.
5. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant.
6. The interpretation of referrals, screenings, assessments, evaluations or reassessments.
7. The development or modification of therapeutic exercise programs, treatment plans or discharge plans.

Proposed Restatement of NAC 640.595

Sec. 67. NAC 640.595 is hereby amended to read as follows:

1. A physical therapist technician shall work under the immediate supervision of a physical therapist at all times.
2. A physical therapist who supervises a physical therapist technician is responsible for:
 - (a) The conduct, training and actions of the physical therapist technician.
 - (b) Documenting the competence of all activities performed by the physical therapist technician.

3. A physical therapist may delegate to a physical therapist technician:

(a) Routine tasks related to:

- (1) The cleanliness and maintenance of equipment and the physical plant.
- (2) The management of the business aspects of the practice, including scheduling appointments and filling out insurance forms.

(b) Such other assignments with respect to patient care as may be specifically made by the physical therapist, including:

- (1) Positioning the patient.
- (2) Assisting with the undressing and dressing of the patient.
- (3) Transporting patients, records, equipment and supplies in accordance with established policies and procedures.
- (4) Except as otherwise provided in subsection 4, assisting the physical therapist or a physical therapist assistant, under the immediate supervision of the physical therapist, in performing a specific service of physical therapy.

4. A physical therapist technician shall not provide any skilled intervention. A physical therapist shall not authorize or allow a physical therapist technician to engage in any skilled intervention.

5. A physical therapist may determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use a physical therapy technician to assist in the performance of a selected treatment intervention or physical therapy task for the patient, and if so determined, document each intervention or task that may be performed by a physical therapist technician, including data recording in an exercise log or flow sheet.

6. On each date of service, a physical therapist shall perform and document each therapeutic intervention that requires the expertise of a physical therapist, and determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use assistive personnel to assist in the performance of a selected treatment intervention or physical therapy task for the patient.

7. A physical therapist technician should have received on the job training in those tasks specifically related to the service, and direction should specify patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient-related tasks.

8. When patient related tasks are provided to a patient by a physical therapy technician, the physical therapist shall during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.

5 9. A physical therapist technician must be properly identified by a name tag which includes the name and job title of the physical therapist technician.

6 10. The Board will consider any technician, aide or other person not licensed pursuant to chapter 640 of NRS and who performs services related to physical therapy which have been directed by a physical therapist to be a physical therapist technician. Any such person must be represented as a physical therapist technician, whether known as, without limitation, a technician, rehabilitation aide or rehabilitation technician.

**COMMENTARY ADDRESSING PROPOSED CHANGES TO CURRENT PROPOSED REGULATIONS
OF THE NEVADA PT BOARD**

The plain language below represents the current proposed additional definition to NAC 640 and replacement language to NAC 640.595. The marked language is proposed changes to the current Board proposed language.

Additional Proposed Definition to NAC 640

Sec. 8 “Skilled intervention” or “treatment intervention” means:

1. To advise, teach or instruct a patient concerning the condition or disability of the patient ~~other than as directed by the physical therapist.~~
2. To carry out testing or evaluation procedures.
3. To make any notations in documents regarding patient care or clinical treatment with the exception of recording basic data in an exercise log or flow sheet ~~other than as directed by the physical therapist.~~
4. An activity which requires licensure pursuant to this chapter and chapter 640 of NRS.
5. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant.
6. The interpretation of referrals, screenings, assessments, evaluations or reassessments.
7. The development or modification of therapeutic exercise programs, treatment plans or discharge plans.

8. A physical therapist technician shall not provide any skilled intervention. A physical therapist shall not authorize or allow a physical therapist technician to engage in any skilled intervention.

Proposed Restatement of NAC 640.595

Sec. 67. NAC 640.595 is hereby amended to read as follows:

1. A physical therapist technician shall work under the immediate supervision of a physical therapist at all times.
2. A physical therapist who supervises a physical therapist technician is responsible for:

- (a) The conduct, training and actions of the physical therapist technician.
- (b) Documenting the competence of all activities performed by the physical therapist technician.

3. A physical therapist may delegate to a physical therapist technician:

(a) Routine tasks related to:

- (1) The cleanliness and maintenance of equipment and the physical plant.
- (2) The management of the business aspects of the practice, including scheduling appointments and filling out insurance forms.

(b) Such other assignments with respect to patient care as may be specifically made by the physical therapist, including:

- (1) Positioning the patient.
- (2) Assisting with the undressing and dressing of the patient.
- (3) Transporting patients, records, equipment and supplies in accordance with established policies and procedures.

(4) ~~Except as otherwise provided in subsection 4, a~~ assisting the physical therapist or a physical therapist assistant ~~to ensure patient safety, under the immediate supervision of the physical therapist, in performing a specific service of physical therapy.~~

~~I. On each date of service, a physical therapist may determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use a physical therapy technician to assist in the performance of a selected treatment intervention or physical therapy task for the patient, and if so determined, document each intervention or task that may be performed by a physical therapist technician, including data recording in an exercise log or flow sheet.~~

II. A physical therapist technician should have received on the job training in those tasks pursuant to NAC 640.595(3).

4. A physical therapist technician shall not provide any skilled intervention. A physical therapist shall not authorize or allow a physical therapist technician to engage in any skilled intervention.

~~5. A physical therapist may determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use a physical therapy technician to assist in the performance of a selected treatment intervention or physical therapy task for the patient, and if so determined, document each intervention or task that may be performed by a physical therapist technician, including data recording in an exercise log or flow sheet.~~

6. On each date of service, a physical therapist shall perform and document each therapeutic intervention that requires the expertise of a physical therapist, and determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use assistive personnel to

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assist in the performance of a selected treatment intervention or physical therapy task for the patient.

7. A physical therapist technician should have received on the job training in those tasks specifically related to the service, and direction should specify patient related tasks, including dosage, magnitude, repetitions, settings, length of time, and any other parameters necessary for the performance of the patient related tasks.

8. When patient related tasks are provided to a patient by a physical therapy technician, the physical therapist shall during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.

~~5-9~~ 5. A physical therapist technician must be properly identified by a name tag which includes the name and job title of the physical therapist technician.

~~6-10~~ 6. The Board will consider any technician, aide or other person not licensed pursuant to chapter 640 of NRS and who performs services related to physical therapy which have been directed by a physical therapist to be a physical therapist technician. Any such person must be represented as a physical therapist technician, whether known as, without limitation, a technician, rehabilitation aide or rehabilitation technician.

Re: public comment ahead of Friday meeting on NAC revisions

Andrea Avruskin <aavruskin@pmi.edu>

Wed 1/11/2023 3:47 PM

To: Charles Harvey <pted@govmail.state.nv.us>

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello, Mr. Harvey,

I've further developed my suggestion for the supervision ratio:

1:5 Supervision Ratio

- 5 slots: Max of 4 PTAs plus 1 dedicated student slot.
- PTA spots could be used for student, graduate status [and one PT tech, if the Board wants to keep PT techs in the supervision ratio].
- Max of 2 students. Max of 2 graduate status. [Max of 1 PT tech].

Thank you,

Dr. Andrea Avruskin

On Tue, Jan 10, 2023 at 10:02 AM Charles Harvey <pted@govmail.state.nv.us> wrote:

Dr. Avruskin,

Your email will be provided to the Board as a public comment at the January 13, 2023 Board meeting.

Thank you.

Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

Telephone: (702) 876-5535 | Fax: (702) 876-2097

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From: Andrea Avruskin <aavruskin@pmi.edu>

Sent: Tuesday, January 10, 2023 8:41 AM

To: Muriel Morin-Mendes <ptapplication@govmail.state.nv.us>; Charles Harvey <pted@govmail.state.nv.us>

Subject: public comment ahead of Friday meeting on NAC revisions

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

I'd like to recommend some simple revisions to the NAC to clarify a few things, in preparation for the meeting on Friday:

1. In NAC 640 Section 8 #7, add "application" after "development"

The development, application or modification of therapeutic exercise programs, treatment plans or discharge plans.

2. Increase the supervision ratio to 1:5.

- Max of 4 PTAs,
- the fifth slot is reserved for students,
- max 2 students.

Thanks,

Dr. Andrea Avruskin

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Students are the future of our profession

The Physical Therapist Assistant (PTA) program at Pima Medical Institute, Las Vegas campus is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), [1111 North Fairfax Street, Alexandria, Virginia 22314](http://1111NorthFairfaxStreet,Alexandria,Virginia22314); telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

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website: www.capteline.org.

R124-21 Amendment

EXPLANATION: Matter in (1) **blue bold italics** is new language in the original regulation; (2) variations of **green bold underlining** is language proposed to be added in this amendment; (3) **red strikethrough** is deleted language in the original regulation; (4) **purple double strikethrough** is language proposed to be deleted in this amendment; (5) **orange double underlining** is deleted language in the original regulation proposed to be retained in this amendment.

Sec. 8. ~~“Skilled intervention”~~ **“Treatment intervention” means:**

- 1. To advise, teach or instruct a patient concerning the condition or disability of the patient.**
- 2. To carry out testing or evaluation procedures.**
- 3. To make any notations in documents regarding patient care or clinical treatment with the exception of recording basic data in an exercise log or flow sheet or as directed by the physical therapist.**
- 4. An activity which requires licensure pursuant to this chapter and chapter 640 of NRS.**
- 5. An activity which requires the exercise of the professional judgment of the physical therapist or physical therapist assistant.**
- 6. The interpretation of referrals, screenings, assessments, evaluations or reassessments.**
- 7. The development, application or modification of therapeutic exercise programs, treatment plans or discharge plans.**

Sec. 66. NAC 640.594 is hereby amended to read as follows:

640.594 ~~[1. Except as otherwise provided in NRS 640.310, a physical therapist supervising a person who is not licensed pursuant to the provisions of chapter 640 of NRS must be physically present and immediately available on the premises when any procedures or activities of physical therapy are performed by that person.~~

~~2.]~~ A physical therapist ~~[may]~~ **shall** not supervise more than ~~[:~~
~~—(a) Two]~~ **a combined total of four persons at the same time subject to the following limits:**

- 1. Three** physical ~~[therapist's]~~ **therapist** assistants at the same time.
- ~~—[(b) Two]~~
- 2. Two** physical ~~[therapist's technicians at the same time.~~
~~—(c)]~~ **therapist technicians at the same time.**

3. Two students of **a program of physical ~~[therapy]~~ therapy or a program to become a**

physical therapist assistant, such programs being accredited by the Commission on Accreditation in Physical Therapy Education, at the same time ~~;~~

~~—(d)] during an approved clinical rotation.~~

4. Two graduates of *a program of physical therapy or a program to become a physical therapist assistant* at the same time.

~~—[(e) If supervising any combination of graduates of physical therapy, students of physical therapy, physical therapist's assistants and physical therapist's technicians, a combined total of three such persons at the same time.]~~

Sec. 67. NAC 640.595 is hereby amended to read as follows:

640.595 For the purposes of regulating the use of a physical therapist's technician in a physical therapist's practice, the

~~—1. A physical therapist technician shall work under the immediate supervision of a physical therapist at all times.~~

~~—2. A physical therapist who supervises a physical therapist technician is responsible for:~~

~~—(a) The conduct, training and actions of the physical therapist technician.~~

~~—(b) Documenting the competence of all activities performed by the physical therapist technician.~~

~~—3. A physical therapist may delegate to a physical therapist technician:~~

~~—(a) Routine tasks related to:~~

~~—(1) The cleanliness and maintenance of equipment and the physical plant.~~

~~—(2) The management of the business aspects of the practice, including scheduling appointments and filling out insurance forms.~~

~~—(b) Such other assignments with respect to patient care as may be specifically made by the physical therapist, including:~~

~~—(1) Positioning the patient.~~

~~—(2) Assisting with the undressing and dressing of the patient.~~

~~—(3) Transporting patients, records, equipment and supplies in accordance with established policies and procedures.~~

~~—(4) Assisting the physical therapist or a physical therapist assistant to ensure patient safety. On each date of service, a physical therapist may determine, based upon a patient's acuity and treatment plan, whether it is appropriate to use a physical therapist technician to assist in the performance of task of physical therapy for a patient. If the physical therapist determines that such use would be appropriate, the physical therapist must document each task, including the recording of basic data in an exercise log or flow sheet, that may be performed by the physical therapist technician.~~

~~—4. A physical therapist technician shall not provide any skilled intervention. A physical therapist shall not authorize or allow a physical therapist technician to engage in any skilled intervention.~~

~~—5. A physical therapist must have received on-the-job training in performing any task or assignment delegated to the physical therapist technician pursuant to subsection 3.~~

~~—6. A physical therapist technician must be properly identified by a name tag which includes the name and job title of the physical therapist technician.~~

7. The Board will consider any **technician**, aide or other **[unlicensed]** person **not licensed pursuant to chapter 640 of NRS and** who performs **[treatments] services** related to physical therapy which have been directed by a physical therapist **[, regardless of the title or designation assigned by his or her employer,]** to be a physical **[therapist's] therapist technician**. ~~Any such person must be represented as a physical therapist technician, whether known as, without limitation, a technician, rehabilitation aide or rehabilitation technician.~~

STATE OF NEVADA

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Acting Board Chair

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Licensing Coordinator

GABRIELLA FUENDES
Administrative Assistant

DEBORAH DIETER, PT
Board Investigator

PHYSICAL THERAPY BOARD

3291 North Buffalo Drive, Suite 100
Las Vegas, NV 89129

NOTICE OF PUBLIC MEETING

BOARD MEETING

Date: January 12, 2024

Time: 9:00 a.m.

Physical Location:

3291 N. Buffalo Drive, Suite 100
Las Vegas, NV 89129

Members of the public may also participate in the meeting using Zoom for video access, or by calling the phone-in access number for telephone access.

VIDEOCONFERENCE ACCESS:

Join Zoom Meeting

<https://us06web.zoom.us/j/88914317244?pwd=KoSbaapqgUHSR0PkLkp19115MZ0EIS.1>

Meeting ID: 889 1431 7244

Passcode: 639143

TELEPHONE ACCESS:

Members of the public may also participate in the meeting telephonically by dialing
1 (253) 205-0468

Meeting ID: 889 1431 7244

Passcode: 639143

AGENDA

The Nevada Physical Therapy Board may: (a) address agenda items out of sequence, (b) combine agenda items, and (c) pull or remove items from the agenda at any time. The Board may convene in a closed session to consider the character, alleged misconduct, professional competence, or physical or mental health of a person. (NRS 241.030)

1. Call to Order, Confirmation of Quorum
2. Public Comment

Note: Members of the public wishing to make public comments may do so via videoconference or by telephone by dialing 1 (253) 205-0468, entering the Meeting ID: 889 1431 7244, and Passcode: 639143.

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)
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3. New Board Member Introduction and Welcome (*Informational Only*)
4. Report from Nevada Physical Therapy Association (APTA NV) (*Informational Only*).
5. Review and Discussion of September 29, 2023, Board Meeting Minutes (*For Possible Action*)
6. Application for Termination of Probation (*For Possible Action*).
 - A. The Board will consider a request from Dr. Michel Rantissi for full reinstatement of PT License Number 1735.
 - B. The Board will consider a request for termination of probation from Earl Templo, PT, License Number 6208.
7. Review and Discussion on the Application for Licensure by Endorsement for Foreign-Educated Applicants and Reentry Applicants (*For Possible Action*).
8. Review and Discussion regarding pending licensure application (*For Possible Action*). This appearance is necessary to review the applicant's work history. The Board will review, discuss, and possibly decide on the pending licensure requests for the following applicants.
 - A. Paula Izzabela Falcon Estoy
 - B. Mai Henry
9. Request for Advisory Opinion (*For Possible Action*). The Board will consider a petition from Dr. Jason Jaeger, DC, about the possibility or potential for a Physical Therapy Assistant or a Physical Therapy Technician being able or allowed to take patient X-rays, or do blood draws, if they've had the appropriate schooling and training outside of their PTA or PT Tech training.
10. Review and Discussion on Practice Act Question. (*For Possible Action*).

- A. Is it within the Physical Therapist Assistant's scope of practice to perform special tests such as Berg balance, 6 MWT, dynamic gait, and TUG as part of objective measurements for the physical therapist to assess as long as the PTA does not change the plan of care? If so, are there certain parameters for the PTA to stay within their scope of practice? For example, can the PTA perform these tests if the PT has not performed the initial test to establish a baseline?
11. Pending Administrative Regulations (NAC 640) *(For Possible Action)*. The Board will review, discuss, and approve action on the proposed regulatory changes to NAC 640.
12. Report from Board Legal Counsel *(Informational Only)*
13. Disciplinary Matters
- A. Recommendation for Case Dismissal *(For Possible Action)*. The Board will review and possibly approve action regarding the dismissal of the following case.
- i. Case # 2023-20
14. Advisory Committee on Continuing Competence (ACCC) Update *(For Possible Action)*
- A. Consideration of recommendations for continuing competence courses reviewed at the December 1, 2023, ACCC Meeting.
15. Federation of State Boards of Physical Therapy (FSBPT) Update *(For Possible Action)*
- A. Selection of 2024 Voting Delegate, Alternate Delegate, and Funded Administrator
- i. 2024 Meeting Dates:
- a) Regulatory Workshop for Board Members and Administrators: March 16-18, 2024 (in-person and virtual)
- b) Leadership Issues Forum: July 13-14, 2024, Arlington, Virginia
- c) Annual Education Mtg: Oct 31-Nov 2, 2024, Cedar Rapids, Iowa
16. Board Operations
- A. License Ratiications *(For Possible Action)*. The Board will review, and approve licenses issued by the authority of the Board pursuant to NRS 640.090, NRS 640.146, NRS 640.240, and NRS 640.250.
- B. Report from Executive Director *(Informational Only)*
17. Board Contracts *(For Possible Action)*. The Board will review, discuss, and possibly approve contracts for professional services.
- A. Audit of Board Financials
- B. Bookkeeping/Payroll Services
- C. Lobbyist/Legislative Services
18. Diversity, Equity, Inclusion, and Justice (DEIJ) *(For Possible Action)*. The Board will receive an update on DEIJ initiatives and possibly approve additional actions.
19. Report from Acting Chair and Board Members *(Informational Only)*

20. Discussion of Future Agenda Items *(Informational Only)*

21. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

22. Adjournment

Supporting materials relating to this public meeting of the Nevada Physical Therapy Board will be available at the Board Administrative Office or by contacting Charles D. Harvey, at (702) 876-5535 or email pted@govmail.state.nv.us and are available on the Board website <https://ptboard.nv.gov/>.

Public comment is welcomed by the Board. There is a time designated at the beginning and end of the meeting for public comments. Members of the public may bring matters not appearing on the agenda to the attention of the Board or make comments on specific agenda items. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. In consideration of others who may also wish to provide public comment, please avoid repetition. The Chairperson may allow additional time to be given a speaker as time allows and, in the Chair's sole discretion (NRS 241.020, NRS 241.030).

The Board may discuss matters, not on the agenda but may not act on those matters at this meeting. If the Board desires, the matters may be placed on a future agenda for action.

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126)

Notice: Reasonable efforts will be made to assist and accommodate individuals with disabilities who wish to participate in the meeting. Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (702) 876-5535, or fax (702) 876-2097 no later than 48 hours prior to the meeting. Requests for special accommodations after this time frame cannot be guaranteed.

This meeting has been posted at the Board Administrative Office and on the Nevada Physical Therapy Board website <https://ptboard.nv.gov/>; the State of Nevada Public Website at www.nv.gov; and the Nevada Legislature Administrative Notices website at <https://www.leg.state.nv.us/App/Notice/A/>.

This agenda has been sent to all members of the Nevada Physical Therapy Board and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing every six months (NRS 241.020).

EXHIBIT C

**SUMMARY OF VERBAL PUBLIC COMMENTS RECEIVED TO
NEVADA PHYSICAL THERAPY BOARD PROPOSED CHANGES TO NAC 640**

DATE REC'D	RECEIVED FROM	COMMENT SUMMARY
11/12/2021 Public Workshop	Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847	<ul style="list-style-type: none"> I would like the Board to consider changing the supervision ratios to three physical therapist assistants, one technician, two students, and two graduates. I feel that since we're changing the definitions of what technicians can do, one should be quite sufficient. But allowing us more licensed staff would help us be able to get to patients in a timely manner.
11/12/2021 Public Workshop	Branden Godin, PT Bgodin@nevada.unr.edu (775) 223-8231	<ul style="list-style-type: none"> I want to support Jenelle's changes on increasing total supervision to four and three on the PTA's. But I would like to comment on leaving the rehab technician provision at two, to allow places that don't have the ability to staff three PTA's to still have the extra resource to provide access to patients and delegate activities to. Dr. Godin asked if the provision for standards of conduct for the practice of physical therapy could fall under possible review for adding Nevada as a compact state.
11/12/2021 Public Workshop	Chad Bible, PT 5008 Chappelet Dr. Sparks, NV 89036 (775) 762-2099 chad.bible@icloud.com	<ul style="list-style-type: none"> Question and comment on skilled intervention.
11/12/2021 Public Workshop	Karen Siran-Loughery Karen.siran@gmail.com	<ul style="list-style-type: none"> I fully support/am in favor of the Nevada Physical Therapy Board removing the 2000- hour requirement for graduated, licensed physical therapist assistants.

DATE REC'D	RECEIVED FROM	COMMENT SUMMARY
12/5/2022 Public Hearing	Susan Priestman, President APTA NV Board No contact information was provided.	<ul style="list-style-type: none"> The association members are in favor of the adoption of the regulations. They would like to see these regulations adopted without further delay.
12/5/2022 Public Hearing	Wade Myer-Chief Compliance ATI Physical Therapy No contact information was provided.	<ul style="list-style-type: none"> Comments have been submitted to the Board with a proposal for changes to language that relates to skilled intervention and would like clarity around that language, the language of the utilization of physical therapy techs, and the continued use of Physical therapy techs.
12/5/2022 Public Hearing	Keith McKeever Program Director Pima Medical institute PTA program No contact information was provided.	<ul style="list-style-type: none"> In favor of and in support of the proposed changes
12/5/2022 Public Hearing	Heidi Streeter Director Northern Nevada Medical Center- Outpatient Therapy No contact information was provided.	<ul style="list-style-type: none"> Addressed the language that goes with the changes in Section 69 regarding Tech usage. Feel that Techs are appropriate and important to maintain the quality of care as physical therapists.
12/5/2022 Public Hearing	Mike McKay Director ATI Physical Therapy in the Las Vegas area No contact information was provided.	<ul style="list-style-type: none"> Provided comments relating to the use of the term skilled intervention. We are not looking to expand or modify the usage of technicians. More as to what they're allowed to do, and the definition of skilled intervention.
12/5/2022 Public Hearing	Andrea Avruskin Current Clinical Director Pima Medical Institute PTA program No contact information was provided.	<ul style="list-style-type: none"> Expressed support on the use of office personnel and PT Techs for patient transport, room set up, and re-supply of the clinic. Support keeping all treatment of patients to licensed personnel only. This is for the safety of the patients and to preserve insurance reimbursements so that they can be reassured that all treatments are being provided by licensed individuals.
12/5/2022 Public Hearing	Brandon Godin, PT Bgodin@nevada.unr.edu (775) 223-8231	<ul style="list-style-type: none"> Voiced support for the removal of the 2000-hour rule for PTAs, as well as the use of PT Techs. Support staff are vital and the support from Techs especially in rural communities.
12/5/2022 Public Hearing	Sean Ellis, PT No contact information was provided.	<ul style="list-style-type: none"> Has been practicing in the field for over thirty years. Feels that it is an important decision to define the rules as skilled intervention and knowing when to stop and public safety. Thinks that there is a risk of having no supervision for the entry-level physical

		therapist assistant out of school. This runs a risk of having unintended consequences and a risk to public safety.
12/5/2022 Public Hearing	Lou Hillegass, PT No contact information was provided.	<ul style="list-style-type: none"> Clarify the use of Technicians. Supports the minor edits put forth by Wade Myer and Mike McKay. Clarify the intervention that the technician can be part of. In support of the use of technicians in patient care. Looking forward to practicing in less of a grey area.
12/5/2022 Public Hearing	Chelsey Koehler, Director Fyzical Therapy and Balance Centers No contact information was provided.	<ul style="list-style-type: none"> Agree that Technicians should not be involved in any aspect of skilled patient care, especially billable patient care. This is a safety concern. To provide best practice a licensed PT or PTA should be readily available. Billable time equals skilled care. In considering the long-term effects of utilizing technicians, this can harm the clinics that want to focus on the quality of care rather than the quantity of care.
12/5/2022 Public Hearing	Brandon Smith Atena Claims No contact information was provided.	<ul style="list-style-type: none"> As a public member reading through these changes, it appears that the Board is moving in the proper direction to ensure that only skilled licensed professionals are handling patients. With regards to the use of technicians, I refer you to your APTA doctrine stating that only licensed Physical Therapist Assistants may provide adjunct therapy to the Physical Therapist.
12/5/2022 Public Hearing	Richard Perkins, Lobbyist ATI Physical Therapy No contact information was provided.	<ul style="list-style-type: none"> Wanted to bring attention to the length it has taken to get these regulations back from the LCB. Stated that he has discussed this with the LCB Legal Division, specifically with Angela Hartzler who indicated that if the Board has clarifying language that those would not have to be sent to the LCB for further review. Unless there are significant changes, these would not have to be sent back.
12/5/2022 Public Hearing	Sarah Cronk, Student Physical Therapist No contact information was provided.	<ul style="list-style-type: none"> Agreed with Chelsey Koehler's comment. Worked as a former technician at a high-volume clinic and was given more responsibility than she should have been given. Now that she knows more about Physical Therapy and all that is involved in patient care. She feels it was not safe for patient care, She feels she may have had a poor effect on some of the patient care that was given.
12/5/2022 Public Hearing	James Mortenson Regional Director Fyzical Therapy and Balance Center No contact information was provided.	<ul style="list-style-type: none"> Agrees with the regulations and asked that clarity be given as to what skilled care is. Agrees that there is a role for technicians in clinics.

12/5/2022 Public Hearing	Lakayka Griggs PIMA PTA Student No contact information was provided.	<ul style="list-style-type: none"> Working as a Tech and moving into the field of physical therapy, she did things she shouldn't have done as a tech. She questions some of the things she did with patients in the past.
12/5/2022 Public Hearing	Debby Dieter, PT, Board Investigator (702) 876-5535 d.dieter@govmail.state.nv.us	<ul style="list-style-type: none"> 25% of investigations have to do with Tech interactions with patients and Techs providing services that are being billed for. There is a concern that patients are not sure whom their therapists are at times due to clinicians not wearing proper badges that identify them by their name and not their job position. Clarification of practice for techs is very important for public safety and quality of care.
12/5/2022 Public Hearing	Chad Bible, PT, Board inspector (775) 762-2099 chad.bible@icloud.com	<ul style="list-style-type: none"> Agreed with what Debby Dieter had to say. Has run into situations at high-volume clinics where Techs have been providing treatment to patients. The Board regulations will bring clarification as to what clinicians can and cannot do. According to the U.S. Bureau of labor statistics, PT Aides can assist in the following: cleaning the treatment area, setting up equipment, washing linens, helping patients move to and from the treatment area, and clerical tasks. This does not suggest treatment of any kind. These regulations moving forward are very important for the public protection and safety of those in Nevada being treated.
1/4/2023 Public Meeting	Erik Kantz ATI Chief Legal Officer No contact information was provided.	<ul style="list-style-type: none"> None of the proposed changes are intended to expand the scope of physical therapy technicians. Rather, we think it's important to maintain the PTs' ability to use PT Techs, consistent with how they're currently used. To maintain access to care, the role of the PT Tech needs to be better defined in the regulations. Techs play an important role and we want them to continue to play that role. This is about patient care, and it is about safety, and there are events and some concerns about PT Techs providing professional care. We think the language is fairly clear around this point, which is the PT Techs will not be engaging in the activities of a Physical Therapist
1/4/2023 Public Meeting	Mike McKay, PT ATI No contact information was provided.	<ul style="list-style-type: none"> Two primary points <ul style="list-style-type: none"> The rehab tech is critical for access to care We are not seeking to expand the scope of the rehab tech. We are seeking clarification around the language of what skilled intervention means.
1/4/2023 Public Meeting	Wade Meyer, ATI Chief Compliance Officer	<ul style="list-style-type: none"> Reiterated what Mr. Kantz and Mr. McKay stated. Discussed delegation and the capacity for a PT, PTA, or rehab tech in other states. We want to have clarity for our therapists on how they can function on a day-to-day basis

1/4/2023 Public Meeting	Andrea Avruskin, PT Current Clinical Director Pima Medical Institute PTA program No contact information was provided.	<ul style="list-style-type: none"> • Discussed the primary reason for regulations to protect the public. • The government should not allow anyone else but PTs or PTAs to apply physical therapy treatment to patients. • There's no unskilled intervention or unskilled treatment in a physical therapy program.
1/4/2023 Public Meeting	Lou Hillegass, PT No contact information was provided.	<ul style="list-style-type: none"> • Feels that the Board is stopping the use of technicians altogether. • Access to care will be severely restricted within the community. • It is not in the public's best interest to completely restrict the use of therapy technicians.
1/4/2023 Public Meeting	Deborah Dieter, PT, Board Investigator Nevada Physical Therapy Board 3291 N. Buffalo Drive, Suite 100 Las Vegas, NV 89129 (702) 876-5535	<ul style="list-style-type: none"> • My concern as an investigator is that the duties and service that a PT tech is providing are charged for as skilled therapy. In other words, it's billed on the patient's daily bill, and my concern is that unlicensed individuals are providing skilled intervention that is billed to the patient.
1/4/2023 Public Meeting	Chelsey Koehler, PT No contact information was provided.	<ul style="list-style-type: none"> • There are concerns with how physical therapy technicians have been utilized. • We're a doctoring profession, and we can't undermine the quality of care that we can provide as licensed physical therapists by extending that, to an unlicensed person. Skilled therapy is not intended to be provided by anyone other than licensed personnel.
1/4/2023 Public Meeting	James Mortenson, PT No contact information was provided.	<ul style="list-style-type: none"> • I've been practicing in Nevada since 2014. I've been involved in physical therapy since 2008. I was a technician, and I think that I would like to simply echo the sentiment that's been had regarding the use of technicians here this new proposed verbiage simply writes into law the availability for physical therapy technicians to be able to provide what looked like, or what appear to be skilled services.
1/4/2023 Public Meeting	Pamela Smith, PT No contact information was provided.	<ul style="list-style-type: none"> • I find the additional language confusing. I find that it possibly allows more skilled intervention by technicians. • I oppose the newest language to be added. • There are a lot of regulations on the table. The NV PT Association is looking to get these regulations approved. • I have been a Nevada PT, practicing here for 24 years now. I have seen the use of technicians that were not in the most judicious or safest ways in the past, and I do think the newest regulations that were originally proposed will avoid the use of technicians and it would be in the public's best interest.

<p>1/4/2023 Public Meeting</p>	<p>Matthew Leveque, PT No contact information was provided.</p>	<ul style="list-style-type: none"> • ATI’s proposed language opens the door for Techs to be able to perform pretty much anything that a physical therapist deems appropriate, including skilled services. • We know there is no regulation, consistency, training, or education for technicians. • There's no consistency in skill, and there's no consistency in what they're directed to or supervised, and being allowed to do from one clinic to the next. We recognize that the utilization of technicians does create greater productivity for therapists, which I guess can create better access. But the question is what costs are we providing for that access? Are we allowing skill to reduce? Are we allowing quality to reduce? Are we allowing the public to be less protected because we want to create greater access? Or are we going to follow the guidelines that we all set forth to follow when we came?
<p>1/4/2023 Public Meeting</p>	<p>Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847</p>	<ul style="list-style-type: none"> • I am opposed to the ATI language. We're talking about access to care. The Pt still has to be present, so I'm not sure how this will improve access. If we want to talk about increasing access, I believe one of the proposed changes we could make is increasing the number of PTAs that a PT can supervise.
<p>1/4/2023 Public Meeting</p>	<p>Richard Perkins, Lobbyist for ATI No contact information was provided</p>	<ul style="list-style-type: none"> • We've gotten into a debate on whether to abolish or expand, instead of using PT Techs in a fashion that they've been used for years and putting more guardrails around making sure we achieve patient care and public safety. If ATI’s language didn't hit the mark, the Board may choose to put together a working group with ATI.
<p>1/13/2023 Public Meeting</p>	<p>Erik Kantz, Chief Legal Officer ATI Physical Therapy No contact information was provided</p>	<ul style="list-style-type: none"> • Our goal was to preserve the role of the PT Technician. We’re not sure that the language here really is clarifying given that the statute specifically allows a physical therapist to utilize and supervise a Tech. It seems a little unclear what they would be supervising if the intent is for Tech to do tasks that aren’t directly involved in care.
<p>1/13/2023 Public Meeting</p>	<p>Andrea Avruskin, PT Current Clinical Director Pima Medical Institute PTA program No contact information was provided.</p>	<ul style="list-style-type: none"> • The latest proposed revisions by the Physical therapy Board protect the safety of the public by allowing only people, licensed as Pts and PTA’s, students, and graduate status persons to apply treatments, interventions, and patient care. I fully support those revisions. • Licensure is meant to offer safety to the public. One recommendation that I have is to add the word application to 640 section 8, number 7. After the word development that would reflect the other revisions that are proposed today by the board. • To boost the availability of treatment appointments for patient access, I'd recommend revisiting the supervision ratio. Increasing the supervision ratio would immediately increase patient access to care by licensing professionals. Increasing the ratio to one to 4

		or one to 5, combined with the new NAC 640.590.6 allowing PTA's to work on 3 patients at a time.
1/13/2023 Public Meeting	Chuck Thigpen, Senior Vice President Clinical Excellence ATI Physical Therapy No contact information was provided	<ul style="list-style-type: none"> • I'm a physical therapist and an athletic trainer for over 25 years, and I currently serve in the role of overseeing Patient experience and outcomes across our platform. In particular, since 2015, we've collected outcomes consistently across our platform, including Nevada. This means conducive to use to validate clinical surveys, and we demonstrated consistent patient improvement. Over 62% of our patients have demonstrated at least one MCID or clinically important difference for patients and that's consistent with published studies and expected patient improvement. The State has suggested a collaborative effort between licensees and directing supportive personnel, including physical therapy technicians, to render safe and predictable outcomes. • Our goal is to ensure that all patients have access to highly skilled physical therapy, that's not only safe but can be consistently tracked. • In reducing the role of techs, we are completely removing this capacity with the physical therapists to provide and delegate appropriate clinical tasks. Technicians impact access and impact related services. • We've used the same approach since 2019 to participate in the CMS quality employees program. Since that inception we've received exceptional ranking every year across our entire platform, including Nevada, and, as you may know, this mechanism was implemented to track quality and healthcare settings. • I've partnered with CMS In other academic institutions, including the University of South Carolina, in Duke University, to publish a performance measure approach for clinicians including surgeons, physical therapists, and other healthcare providers. Using that approach, ATI's demonstrated, we scored on the 100 percentile the last 2 years, including Nevada. So, we envision, others will also follow this lead and require providers to demonstrate consistent clinical processes that support the delivery of high-value care with predictable outcomes to our patients, and this is why we partner with academic institutions all across the country. • We have demonstrated our capability to deliver safety as well as predictable outcomes. • I'm happy to supply any data that the Board would like to see.
1/13/2023 Public Meeting	Wade Meyer, Chief Compliance Officer ATI Physical Therapy No contact information was provided	<ul style="list-style-type: none"> • Looking at scenarios that potentially would impact safety in the clinics and ultimately the use of technicians under the supervision of a licensed physical therapist. One of the things that I manage on a day-to-day basis is complaints and areas that patients are bringing forth either to us directly to payers that we're working with or through other

		<p>avenues such as the better business bureau. I went back and looked at some of the information that we have internally tracking this information, and, to my knowledge, was not able to find anything directly related to Tech usage or the supervision of Techs in our Nevada market or other markets.</p> <ul style="list-style-type: none"> • When a physical therapist is appropriately supervising a Tech, the outcomes for these individuals are beneficial and show the improvement that patients are needing. One of the key elements of the discussion in the past has been around the supervision of Techs and potential confusion around who was providing care while services were being delivered in the clinic. • Techs do need signage on them when they're assisting in the care, so patients are aware of who is the supervising PT, who is the PTA, and who is the PT Technician. We fully support that practice act component. • We're also very fully supportive of the fact that if there are scenarios out there that are resulting in safety concerns when a Tech is being supervised that those should be investigated by the board appropriately and those individuals should be put under administrative Burden, or whatever act the Board would like to take in those situations depending on the severity.
1/13/2023 Public Meeting	Keith McKeever, Program Director Pima Medical Institute PTA Program No contact information was provided	<ul style="list-style-type: none"> • I support and stand in support of the changes to the license track as far as specifically for the rules regarding physical therapy technicians and one of my main components for supporting that license to these changes to the actual information is the case of the United States versus Hurdle and Brown Physical Therapy and Aquatic Therapy which I feel if we don't make efficient changes, the State of Nevada may soon be in the same state. They were charged with multiple counts of using technicians to provide physical therapy services and billing for those services when they are unlicensed Technicians, and I would hate to see one of our clinics or anything like this in our state. • I stand in complete support of making these changes.
1/13/2023 Public Meeting	Deborah Dieter, PT, Board Investigator Nevada Physical Therapy Board 3291 N. Buffalo Drive, Suite 100 Las Vegas, NV 89129 (702) 876-5535	<ul style="list-style-type: none"> • I'm the investigator for the Board. I can state that I have investigated cases where there were safety issues with the use of physical therapy technicians providing care. • Safety issues do exist and the Board is diligent in investigating these cases.
1/13/2023 Public Meeting	Lou Hillegas, PT No contact information was provided	<ul style="list-style-type: none"> • I applaud the effort to clarify the use of technicians and the work the Board has done.

		<ul style="list-style-type: none"> • It appears that this is the elimination of Rehab Techs from the care model and I'm not in support of that complete elimination from the care model.
1/13/2023 Public Meeting	Branden Godin, PT Bgodin@nevada.unr.edu (775) 223-8231	<ul style="list-style-type: none"> • I'd like to thank the Board for continuing to look at this language and revise and reconsider it, as it has a direct impact on our communities. • Has concerns about access to care in rural communities. • It is ultimately the PT's responsibility to supervise the technician. We have established processes in place to enforce when people are doing things that are unsafe and inappropriate, that we can go forth with. • I don't know where additional language and changes to the language are needed. If there is unsafe practice going on, it needs to be enforced and supported by the board, rather than eliminating the position.
1/13/2023 Public Meeting	Susan Priestman, President APTA NV No contact information was provided	<ul style="list-style-type: none"> • CMS does not allow technicians to be part of the care of patients except in a role that would perhaps promote safety assisting with a transfer assisting with gate training or such other items, but that is only in a supportive role to promote patient safety and not in a patient treatment role.
1/13/2023 Public Meeting	Sean Ellis, PT No contact information was provided	<ul style="list-style-type: none"> • We have licenses for a reason. We have education for a reason, and to continue to equate the lack of access, to allow people that are untrained or unlicensed to provide those tasks because we don't have the ability to provide the services, is not the right response. • Our response has to be to train, recruit and find other access to provide quality, care, but not to use people who are not properly trained and educated in the practice of physical therapy. • Allowing that makes our degrees almost defunct. • Technicians do have a role, and I think those are appropriate • I would be in favor of reviewing any of the supervision requirements to offset some of the changes to the use of technicians.
1/13/2023 Public Meeting	Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847	<ul style="list-style-type: none"> • Thank you for looking at these changes. I agree with them, and supervision changes. Knowing that these changes have been ongoing over many, many years it would be phenomenal if we can get them through to LCB for approval because our practice act needs to be brought into the contemporary timeframe. Anything that you can do to help speed that along would be appreciated.

<p>1/13/2023 Public Meeting</p>	<p>James Mortensen, PT No contact information was provided</p>	<ul style="list-style-type: none"> • I agree with the changes, with the addition of the phrase application behind 640, section 8.7, to improve access for patients. • If we're talking about ease of access for patients to receive care, I think it's in our patients' and the community's best interest to provide the highest level of quality of care. On-the-Job training is in no way competent or equivalent to a PTA or a DPT's training. So, suggesting that a technician would be able to become compliant or become competent in their ability to execute or even assist physical therapists, and many of the delegated tasks is inappropriate in my opinion. • I hope you can get a resolution today.
<p>1/13/2023 Public Meeting</p>	<p>Andrea Avruskin, PT Current Clinical Director Pima Medical Institute PTA program No contact information was provided.</p>	<ul style="list-style-type: none"> • Underserved or rural communities deserve safe and licensed care as much as the urban communities, and they deserve protection from unlicensed care.
<p>1/13/2023 Public Meeting</p>	<p>Erik Kantz, Chief Legal Officer ATI Physical Therapy No contact information was provided</p>	<ul style="list-style-type: none"> • There have been references to techs not being trained or educated. Keep in mind that some of these techs have sports physiology degrees. They are athletic trainers. They have a good deal of training in terms of being able to assist in various care. • Keep in mind that students are unlicensed personnel, and they, too, would fall under the technician label. As we talk about this, we should keep in mind that we are not talking about untrained uneducated people these are people who are specifically trained to assist in certain tasks. That is why we think it's important that there not be confusion, not again, nor restrictions or changes to what they're able to assist with, under the proper supervision of a physical therapist.
<p>1/13/2023 Public Meeting</p>	<p>Andrea Avruskin, PT Current Clinical Director Pima Medical Institute PTA program No contact information was provided.</p>	<ul style="list-style-type: none"> • Physical therapy students do not fall under the technician label as they have CAPTE-approved education and training and clinical skills.
<p>1/13/2023 Public Meeting</p>	<p>Matthew Leveque, PT No contact information was provided</p>	<ul style="list-style-type: none"> • I support the changes that the Board has recommended, including the addition of the word application and the language that was proposed in response to the notion that technicians are trained to provide services. • We need to be careful as we start talking about the training that's provided and how we would potentially regulate and verify that proper training has been given to technicians to provide care whether it's care specific to individual services or care in general

		<ul style="list-style-type: none"> • Techs are currently utilized to apply care under the supervision of a physical therapist. The definition of supervision of a technician is something that would be inconsistent from one provider to the next. • The elimination of technicians was brought up, and we're not eliminating techs. What we're doing is trying to figure out the best way to utilize techs. Techs should be utilized to set up treatments, bring patients back, assist the physical therapist, and or provide assistance in the provision of care to make sure that care is safe. • In terms of delegating care to a tech, and allowing a tech to run around a clinic and provide instruction for exercise, instruction for certain types of maneuvers or movements, or functional training is just not appropriate. I think most of us would agree with that and as far as access to care, I think that the changes that have been suggested to the supervision are going to help alleviate some of the concerns with access.
1/13/2023 Public Meeting	Jenelle Lauchman, PT, DPT, OCS Rehab Director Sports Plus Physical Therapy (702) 278-5847	<ul style="list-style-type: none"> • I want to comment on the education of technicians. If they have education, and they have a license in another practice, such as an athletic trainer, then by all means let them go out, hang their shingle, and be an athletic trainer but if they're going to be providing physical therapy services, they should be provided by a licensed physical therapist or physical therapy assistant, so I whole heartily support the changes.
1/13/2023 Public Meeting	Dustin Clow, PT No contact information was provided	<ul style="list-style-type: none"> • I agree with the current changes as they stand; we're not looking to eliminate techs, but narrow the scope of what they're allowed to do. I also very much support revisiting the supervision around physical therapy assistants.
1/13/2023 Public Meeting	Branden Godin, PT Bgodin@nevada.unr.edu (775) 223-8231	<ul style="list-style-type: none"> • We need to use the tools and resources we have safely and effectively. Every patient should have the safest care possible. • The physical therapist is ultimately responsible for the supervision of the tech. Under guidance and supervision, the technician role can be effective for instrument assistance, soft tissue mobilization, or even traction belts. • The board holds us accountable as professionals for how we use our tools, and how we use our resources and I don't feel like we need to further delineate what is already written. I feel like we have a strong practice act that is in line with several other states.
1/13/2023 Public Meeting	Matthew Leveque, PT No contact information was provided	<ul style="list-style-type: none"> • We're not saying that you can't use a tech to support the physical therapist in a one-on-one care session. What we're saying is that you can't send a tech out to the clinic. Have them do exercises with patients, instruct patients, and provide care just because the

		<p>physical therapist is in the office. To suggest that we need to leave things the way they are is short-sided.</p> <ul style="list-style-type: none"> • We need to understand that there need to be restrictions and there need to be some ground rules placed on what techs can and can't do, and they shouldn't be able to run around the clinic and provide care to patients just because the physical therapist is on the premises. • We're having 2 different conversations. If the folks who support the use of techs are willing to concede that they're not using techs to provide care, they shouldn't have a problem with the language as proposed. If what they want is for techs to continue to provide care just under the supervision, whether it's the distribution of exercise, instruction, patient instruction on ADL training, transfer training, or things of that nature, then the answer is no they should not and cannot provide those services.
1/10/2024	<p>Brian Evans, Perkins Company – Representing ATI Physical Therapy</p> <p>Richard Perkins, Perkins Company – Representing ATI Physical Therapy</p>	<ul style="list-style-type: none"> • Presentation of R124-21 amendments.

1/12/2024	Brian Evans, Perkins Company – Representing ATI Physical Therapy	<ul style="list-style-type: none">• Request for clarification on the proposed changes the Board intends to make as they go back to the original language in NAC 640.594, supervision ratios, and treatment intervention definition.
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