Sunrise Analysis of a Proposal to Regulate Physical Therapist Assistants

A Report to the
Governor
and the
Legislature of
the State of
Hawaii

Report No. 95-30
December 1995

THE AUDITOR
STATE OF HAWAII

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Submitted by

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Foreword

The Sunset Law, or the Hawaii Regulatory Licensing Reform Act of 1977, contains a sunrise provision that requires that measures proposing to regulate professions or vocations be referred to the State Auditor for analysis prior to enactment. The Auditor is responsible for reporting the results of the analysis to the Legislature.

This report evaluates the regulation of physical therapist assistants as proposed in House Bill No. 1240, introduced in the Regular Session of 1995. The Legislature requested this study in House Concurrent Resolution No. 116 of the session. The study presents our findings on whether the proposed regulation complies with policies in the Sunset Law and whether there is a reasonable need to regulate physical therapist assistants to protect the health, safety, and welfare of the public. It concludes with our recommendation on whether the proposed regulation should be enacted.

We acknowledge the cooperation of the Board of Physical Therapy, Department of Commerce and Consumer Affairs, and organizations and individuals knowledgeable about the occupation whom we contacted during the course of our analysis.

Marion M. Higa
State Auditor

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Chapter 1
Introduction

The Sunset Law, or the Hawaii Regulatory Licensing Reform Act (Chapter 26H, Hawaii Revised Statutes), contains a sunrise provision requiring that measures proposing to regulate professions or vocations be referred to the State Auditor for analysis prior to enactment. The Auditor is to determine whether regulation is necessary to protect the health, safety, and welfare of consumers.

This report evaluates whether the regulation of physical therapist assistants proposed in House Bill No. 1240, introduced in the Regular Session of 1995, complies with policies for occupational regulation in the Sunset Law. The Legislature requested this study in House Concurrent Resolution No. 116 of the 1995 session.

Background on Physical Therapist Assistants

Physical therapy practitioners work to rehabilitate persons suffering from pain, loss of mobility, or a disabling injury or disease. In concert with a physician or other specialist, *physical therapists* evaluate and treat patients. They may use a variety of treatments including heat, cold, electricity, traction, exercise, massage, joint mobilization, and ultrasound. Therapists also teach patients to use mechanical aids such as artificial limbs, braces, and wheelchairs.

Physical therapist assistants, the subject of this report, work under the supervision and direction of physical therapists to perform tests and treatments, supervise exercises, and train patients to use mechanical aids. They may also perform other operational duties such as maintaining equipment and supplies.

Other support personnel include *physical therapist aides* who assist with patients, equipment, cleaning, and minor administrative tasks.

Work settings for physical therapy practitioners include long-term care facilities, rehabilitation agencies, home health agencies, hospitals, private physical therapy clinics, public school systems, corporate-based occupational health programs, community service organizations, sports training facilities, and fitness clubs.

Professional organizations

The American Physical Therapy Association is the national professional association with about 67,000 members, consisting of physical therapists, physical therapist assistants, and students. Assistants are called affiliated members.

The association houses the independent Commission on Accreditation in Physical Therapy Education. The commission is nationally recognized as an accrediting agency by the United States Department of Education and the Council on Postsecondary Accreditation.

The Hawaii chapter of the American Physical Therapy Association has about 250 members. Most are physical therapists; about 20 are physical therapist assistants. The chapter reports that not all physical therapists and assistants in the state are members.

We found no professional associations representing *only* physical therapist assistants.

Educational background

According to the American Physical Therapy Association, physical therapist assistants are graduates of an accredited physical therapist assistant associate degree program. The program should be accredited by an agency recognized by the secretary of the U.S. Department of Education or the Council on Postsecondary Accreditation.

In Hawaii, Kapiolani Community College offers a two-year physical therapist assistant program leading to the Associate in Science degree. The program is accredited by the Commission on Accreditation in Physical Therapy Education. Most physical therapy assistants in Hawaii are graduates of the KCC program.

Number of practitioners

The precise number of physical therapy assistants in Hawaii is unknown. Based on the number of graduates of the KCC program and a few other practitioners known in the community, we estimate that there are about 160 physical therapist assistants in the state.

Regulation in other states

All 50 states regulate physical therapists and 41 states regulate physical therapist assistants. All 41 states use the national examination of the Federation of State Boards of Physical Therapy.

Most of the states that regulate physical therapist assistants require a license to practice. A few require certification or simple registration.

Regulation in Hawaii

In Hawaii, physical therapists are licensed and physical therapist assistants are not. However, some limitations on the use of assistants exist.

Chapter 461J of the Hawaii Revised Statutes governs the practice of physical therapy, which is defined as the examination, treatment, and instruction of people to detect, assess, prevent, correct, alleviate, and

limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a licensed physical therapist. Those who wish to practice as physical therapists must obtain a license from the Board of Physical Therapy, which is administratively attached to the Department of Commerce and Consumer Affairs. The board has seven members: four must be physical therapists, two consumers, and one a physician, surgeon, or dentist.

In 1992, we issued our *Sunset Evaluation Report: Physical Therapy,* Report No. 92-20. Among other things, the report found that Chapter 461J did not effectively exempt from licensure physical therapist assistants, physical therapist aides, and other practitioners such as respiratory therapists whose activities fall within the definition of physical therapy. To prevent confusion and ensure that these other practitioners are not accused of practicing physical therapy without a license, we recommended that the Board of Physical Therapy propose amendments to Chapter 461J exempting practitioners supervised by licensed health care professionals such as physical therapists, medical doctors, osteopathic physicians, podiatrists, and chiropractors. To ensure proper legal authority, we also recommended amending the law to define supervision.

While not fully implementing our recommendation, Act 123 of the 1995 Regular Session amended Chapter 461J to provide that a licensed physical therapist may be assisted by support or auxiliary personnel performing duties for which they are qualified under the Board of Physical Therapy's rules on scope of practice. The act also requires that these duties be performed under the supervision and direction of the physical therapist.

The board's current rules on physical therapy were adopted prior to Act 123 and are found at Title 16, Chapter 110 of the Hawaii Administrative Rules. They define "support personnel" as including, but not limited to, those with an associate degree as a physical therapist assistant from an accredited school, those who have graduated from an accredited school of physical therapy who have not been licensed to practice physical therapy in Hawaii, and those who have received on-the-job training from a physical therapist. The rules specify requirements for supervision, and make it clear that improper delegation or supervision constitutes professional misconduct by the physical therapist.

Proposal to Regulate Physical Therapist Assistants

House Bill No. 1240 would amend Chapter 461J, HRS, to regulate physical therapist assistants by limiting the use of certain titles. Unless licensed by the State, no one could use the title "physical therapy assistant," "licensed physical therapist assistant," or any other designations indicating or implying that the person is a licensed physical therapist assistant.

The bill also defines the scope of practice of physical therapist assistants as including but not limited to therapeutic procedures, routine operational functions, documentation of treatment progress, and use of selected physical agents. The assistant is not to interpret referrals, perform initial evaluations and re-evaluations, initiate physical therapy treatment programs, change specified treatment outcomes, or discharge patients.

Under the bill, a *licensed* physical therapist assistant may engage in the practice of physical therapy only if supervised by a licensed physical therapist. The Board of Physical Therapy is required to establish the degree of supervision required.

However, the bill would allow persons *not* licensed as physical therapist assistants to perform services ordinarily done by a physical therapy aide, assistant, or technician provided that (1) they do not represent themselves to be a licensed physical therapist assistant or use the title "physical therapist assistant" or "PTA"; and (2) they perform services "consistent with the supervisory requirements of the board for persons not licensed as physical therapist assistants."

In addition, the Board of Physical Therapy would be required to establish educational and training standards for licensing physical therapist assistants that are equal to national standards. Licensing requirements would include passing a national certifying examination and holding a current license from a national certifying body approved by the board.

Objectives of the Analysis

1. Determine whether there is a reasonable need to regulate the occupation to protect the health, safety, and welfare of the public.

2. Make recommendations based on our findings.

Criteria for the Analysis

The Legislature established the "sunrise" criteria to ensure that regulation of an occupation takes place only for the right reason—to protect consumers. Regulation is an exercise of the State's police powers and should not be taken lightly.

Consumers rarely initiate regulation. More often, practitioners themselves request regulation for benefits that go beyond consumer protection. They often equate licensure with professional status in seeking respect for the occupation. Through regulation, they may gain access to third-party reimbursements for their services and control entry into their field.

Policies and principles for regulation

Hawaii's sunrise law—Section 26H-6, HRS—requires the Auditor to assess legislative proposals against the regulation policies in the statute. The policies reinforce the primary purpose of consumer protection:

- the State should regulate professions and vocations only where reasonably necessary to protect consumers;
- regulation should protect the public health, safety, and welfare and not the profession;
- evidence of abuses by providers of the service shall be given great weight in determining whether a reasonable need for government intervention exists;
- regulation should protect those consumers who may be at a disadvantage in choosing or relying on the provider;
- regulation should be avoided if it artificially increases the costs of goods and services or if its costs to taxpayers outweigh its benefits to consumers; and
- regulation should not unreasonably restrict qualified persons from entry into the profession.

We were also guided by the publication *Questions a Legislator Should Ask*, published by the national Council on Licensure, Enforcement and Regulation. The primary guiding principle for legislators, according to this publication, is whether the unregulated profession presents a clear and present danger to the public's health, safety, and welfare. If it does, regulation may be necessary; if not, regulation is unnecessary and wastes taxpayers' money.[1]

We developed additional criteria for this review, including whether:

- the incidence or severity of harm based on documented evidence is sufficiently real or serious to warrant regulation;
- the cause of harm is the practitioner's insufficient skill or incompetence;
- the occupational skill needed to prevent harm can be defined in law and measured;
- the field is too complex for consumers to be able to choose practitioners wisely; and
- no alternatives provide sufficient protection to consumers, for example federal programs, other state laws, marketplace constraints, private action, or supervision.

We assessed the specific regulatory proposal—House Bill No. 1240—as to whether:

- the scope of practice to be regulated is clearly defined and enforceable;
- the licensing requirements are constitutional and legal, for example, no residency or citizenship requirements;
- licensing requirements, such as experience or continuing education, are directly related to preventing harm;
- provisions are not unduly restrictive nor do they violate federal anticompetition laws;
- prohibited practices are directly related to protecting the public; and
- disciplinary provisions are appropriate.

Burden of proof

The sunrise process places the burden of proof on those in the occupation to justify their request for regulation and defend their proposed legislation. We evaluate their arguments and data against the sunrise criteria.

We examine the regulatory proposal and determine whether practitioners and their professional associations have made a strong enough case for regulation. It is not enough that regulation *may* have *some* benefits. We recommend in favor of regulation only if it is *demonstrably* necessary to protect the public. We also scrutinize the language of the regulatory proposal for appropriateness.

Types of regulation

In examining the type of government regulation being proposed, we determine whether it is one of three approaches to occupational regulation:

A *licensing* law gives persons who meet certain qualifications the legal right to deliver services, that is, to practice the profession (for example, social work). Penalties may be imposed on those who practice without a license.

A *certification* law restricts the use of certain titles (for example "social worker") to persons who meet certain qualifications, but does not bar others who do not use the title from offering such services. This is sometimes called title protection. (Government certification should not

be confused with certification, or credentialing, by private organizations. For example, social workers receive accreditation from the National Association of Social Workers.)

A *registration* law simply requires practitioners to sign up with the State so that a roster or registry will exist to inform the public of the nature of their services and to enable the State to keep track of them. Registration may be mandatory or voluntary.

As part of our analysis, we assess the appropriateness of the selected approach.

Scope and Methodology

To accomplish the objectives of the analysis, we reviewed literature, documents, and other information on physical therapist assistants. We assessed evidence of harm to consumers.

We obtained information from the American Physical Therapy Association and its Hawaii chapter. We interviewed representatives of the association; physical therapist assistants; members and the executive officer of the Board of Physical Therapy; and the head of the physical therapist assistant program at the Kapiolani Community College.

Our work was performed from June 1995 through October 1995 in accordance with generally accepted government auditing standards.

Chapter 2
Findings and Recommendation

This chapter presents our findings and recommendation on the need to regulate physical therapist assistants. We conclude that regulation is not warranted. We also conclude that House Bill No. 1240 which proposes regulation has other flaws.

Summary of Findings

1. The regulation of physical therapist assistants is not warranted. We found no documented evidence of harm to consumers in Hawaii. Sufficient protections for consumers already exist and will be strengthened through administrative rules. Regulation would achieve questionable improvement and its costs are not justified.

2. House Bill No. 1240 has other flaws. It does not include a physical therapist assistant on the regulatory board and two significant provisions are confusing.

Regulation of Physical Therapist Assistants Is Not Warranted

Chapter 26H, Hawaii Revised Statutes, states that professions and vocations should be regulated only when necessary to protect the health, safety, and welfare of consumers. In assessing the need for regulation, the Auditor is required to give great weight to evidence of abuse by practitioners of the occupation. The law states that the purpose of regulation is to protect the public and not the regulated profession. The Auditor must also consider the cost of regulation to taxpayers.

We found no documented evidence of harm to the public by physical therapist assistants in Hawaii. While there is potential harm, protections for consumers already exist and are being strengthened. The regulatory proposal in House Bill No. 1240 would not increase consumer protection sufficiently to justify the costs of regulation. We conclude that regulation of physical therapist assistants is not warranted.

Lack of documented evidence of harm

There is a *potential* for personal injury from the practice of physical therapy. Both physical therapists and physical therapist assistants working under physical therapists apply a range of hands-on techniques to patients who suffer from conditions that often are very serious—heart attack, stroke, trauma, degenerative orthopedic conditions, spinal cord injuries, and so on.

Improper application of physical therapy techniques can affect a patient's response to treatment and result in injury or in deterioration of a condition. Possible injuries include, for example, neurological problems stemming from improper application of traction or burns from hotpacks.

However, we found no documented cases of *actual* harm caused by physical therapist assistants in Hawaii. Agencies we contacted and persons we interviewed, including proponents of regulation, could not identify any cases. There are rumors of improper supervision but no formal complaints. One proponent of regulation reported that complaints have been lodged against physical therapist assistants in other states, but provided inconclusive information in support of the claim.

Existing protections are sufficient

Regulation is sometimes warranted because of potential harm even with little evidence of actual harm. In our 1992 *Sunset Evaluation Report: Physical Therapy*, Report No. 92-20, we found few complaints alleging injury caused by physical *therapists*. Nevertheless, we recommended that the State continue to regulate physical therapists because of their contact with seriously ill patients, the technical knowledge required for safe treatment, and the semi-independent nature of their work.

However, the situation is much different with respect to physical therapist assistants. While they perform some of the same work as physical therapists, the assistants work under the supervision of the therapist, who has more extensive duties and bears final responsibility for the assistant's actions. Requirements for supervision are set forth in state and federal regulations and in standards of the American Physical Therapy Association. Act 123 of 1995 authorizes the Board of Physical Therapy to adopt more consumer protection rules. We believe that these requirements sufficiently protect consumers.

State regulatory requirements for supervision

Chapter 461J delineates what physical *therapists* may legally do so long as they are licensed to practice. Licensing requirements include graduating from a physical therapy program accredited by an agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation, and passing a standardized licensing examination.

Act 123 of the 1995 Regular Session amended Chapter 461J to specifically allow physical therapists to use support or auxiliary personnel so long as they work under the supervision and direction of licensed physical therapists. The administrative rules for Chapter 461J,

adopted prior to Act 123, provide that the supervision of physical therapist assistants and other support personnel by physical therapists requires the physical therapist to do the following:

- provide initial evaluation of the patient;
- develop a written treatment plan and program including long and short-term goals;
- assess the training, education, experience, and competence of support personnel to perform assigned tasks;
- select and delegate appropriate portions of the treatment plan and program;
- direct and supervise support personnel in delegated functions;
- reevaluate the patient and adjust the treatment plan as acceptable physical therapy practice requires, consistent with the delegated health care task; and
- provide discharge planning.

Together, the chapter and the rules also authorize suspension or revocation of a physical therapist's license for improper delegation or supervision.

The Board of Physical Therapy is now working to update the rules in light of Act 123. The board intends that the rules define physical therapist assistants and other support personnel, establish their scope of practice, and specify supervision requirements in various work settings (for example, home care and hospitals). Once adopted, these rules should clarify the issues of qualifications, scope of practice, and supervision, which House Bill No. 1240 attempts to address.

Furthermore, a physical therapist assistant who practices without proper supervision could face an investigation by the Regulated Industries Complaints Office of the Department of Commerce and Consumer Affairs for unlicensed activity in physical therapy. If a licensed physical therapist is involved, that licensee may be investigated for possible disciplinary action.

Federal reimbursement regulations

On the federal level, Medicare regulations governing reimbursement for physical therapists contain requirements for the supervision of physical therapist assistants in five settings: long-term care facilities, rehabilitation agencies, home health agencies, hospitals, and independent practice.

These requirements include providing initial direction to the assistant, on-site supervisory visits for services provided outside a facility, or direct supervision of services provided in the patient's residence, as appropriate for the type of setting.

Standards of the American Physical Therapy Association

The American Physical Therapy Association has ethical standards and guidelines for physical therapists and physical therapist assistants who are members. For example, one standard states, "Physical therapist assistants provide services under the supervision of a physical therapist." The association has a procedure for consumers' complaints. Possible disciplinary sanctions against members are reprimand, probation, suspension, or expulsion. The association's policies of utilization of support personnel have also been incorporated into the Hawaii Administrative Rules on physical therapy.

Bill would not increase consumer protection

Even if evidence of actual harm existed and current regulations and standards were insufficient, we do not believe that House Bill No. 1240 would significantly improve protection of the public health, safety, and welfare.

Proponents of regulation express concern that physical therapists may employ persons who are not qualified by education and training as physical therapist assistants, and that consumers are at a disadvantage in not knowing whether the physical therapist assistant has had the proper education and training. However, the need for and value of the bill are still questionable.

Consumers do not choose their physical therapist assistants. They do rely on those who refer them to the physical therapist: licensed physicians, osteopathic physicians, dentists, chiropractors, naturopaths, optometrists, or podiatrists. They also depend not on the assistant, but on the physical therapist, who bears overall responsibility for the services provided, including any services delegated to the assistant. It is the therapist who evaluates clients, develops a written treatment plan and program, reevaluates them, and provides discharge planning. The therapist determines whether to delegate portions of the treatment plan and program to an assistant who is under the therapist's supervision. The consumer must rely on the judgment and credentials of the therapist in charge of the consumer's treatment.

Furthermore, House Bill No. 1240 only protects the use of certain titles. Under the bill, only those persons licensed as physical therapist assistants could use titles like "physical therapy assistant," "licensed physical therapist assistant," "physiotherapist assistant," or related

designations. But the bill allows persons *not* licensed as assistants to perform the same services if they do not use the designated titles and if the board's supervisory requirements are met. This could make the bill virtually meaningless in terms of consumer protection.

In addition, House Bill No. 1240 requires the Board of Physical Therapy to establish the degree of supervision required and delineates a general scope of practice for physical therapist assistants. However, this is unnecessary and would not increase consumer protection because the board has already begun working on administrative rules that will include clarifying supervisory requirements and the scope of practice of assistants under Act 123 of 1995.

Costs would be substantial

The Sunset Law requires that regulation be avoided where its benefits to consumers are outweighed by its cost to taxpayers and where it unnecessarily restricts entry into the occupation. The proposed regulation of physical therapist assistants does not pass this test. Regulation would be costly.

House Bill No. 1240 would place the administrative functions of the regulatory program within the Department of Commerce and Consumer Affairs, which already administers the regulatory program for physical therapists. Section 26-9(l), HRS, authorizes the department to assess fees on applicants and licensees so long as the fees are reasonably related to the cost of services provided. We provided the department with our estimate that 160 physical therapist assistants may initially obtain licenses, and perhaps 25 applicants (the approximate number of new graduates from the Kapiolani Community College program each year) would apply in each subsequent year.

The department estimates that start-up costs for non-personnel expenses would amount to $5,000 if licensing were to commence on January 1, 1997. This amount must be initially paid for through a general fund appropriation and would subsidize the program for these expenses through June 30, 1997. However, from July 1, 1997, the program must be self-sustaining because the department's Professional and Vocational Licensing Division, under which the program would fall, is self-sufficient. Thus, the costs of regulation must be fully recovered through the assessment of fees.

The proposed regulation would put the program on a biennial license renewal schedule. The department estimates that if 160 physical therapist assistants initially apply for licensure, in order to bear the costs of the program for fiscal years 1996-97 and 1997-98—amounting to $90,924 with personnel costs—each license applicant would have to pay an application/license fee of $568. In addition, there would be a fee of $70 for the Compliance Resolution Fund. Thus, the fee assessment would be at least $638, not including possible examination fees.

The costs for the following fiscal biennium would be borne by those renewing their license and, possibly, any new applicants for licensure. The renewal fees could vary from $562 (assuming 160 renewals and 25 new applicants) to $638 (160 renewals only).

If the regulated group were also required to reimburse the general fund for the start-up costs of the program, spreading the $5,000 among the initial 160 licensees would raise the initial license fee to $669, not including examination fees.

The department also notes that House Bill No. 1240 requires an applicant to hold a current license from the national certifying body. The department is unaware of what fees might be associated with this process and did not work these fees into its estimates.

We believe these high costs of licensure could deter physical therapist assistants from obtaining or renewing licensure, especially since they can continue to practice without a license. As the number of people who seek licensure diminishes, the fees will increase because the costs will be spread out over a smaller number of people.

The State should not allocate its limited resources to establish regulation of physical therapist assistants when the benefits of regulation are negligible. Moreover, the fees needed to cover the State's costs may severely restrict the number entering the profession.

Bill Is Flawed

House Bill No. 1240 has other weaknesses. It does not include a physical therapist assistant on the regulatory board, and other provisions are confusing.

Lack of representation for physical therapist assistants

The bill would add physical therapist assistants under the regulatory authority of the Board of Physical Therapy. But physical therapist assistants would not be represented on the board, which would continue to be made up of four physical therapists, two consumers, and a physician, surgeon, or dentist. This is unfair to assistants and would weaken the regulatory program.

Those practicing in the occupation of physical therapist assistant are entitled to have at least one voting representative member on the board that will regulate the occupation. Otherwise, issues affecting assistants and the public may receive insufficient attention, assistants' communications with the board will be indirect, and the benefits of their insights will be lost.

Confusing provisions

The bill contains two significant but confusing provisions. One provision requires that license applicants hold a current license from a national certifying body approved by the Board of Physical Therapy. However, we found no organization, either public or private, that grants national certification or licensure. Therefore the requirement cannot be met and no assistant, otherwise qualified, can be licensed.

The language on title protection is also confusing. Unlicensed physical therapist assistants would be barred from using any designation that might "imply" that they are licensed. This language is vague and would be difficult to enforce.

Conclusion

We found insufficent evidence to warrant the regulation of physical therapist assistants. There is no documented evidence of harm. Existing protections, particularly the supervision of assistants by licensed physical therapists, are sufficient to address any potential harm. In addition, Act 123 of 1995 calls for strengthening consumer protection. The benefits of regulation do not justify the costs. We also conclude that House Bill No. 1240 does not adequately address the interests of physical therapist assistants and is confusing.

During the 1995 Regular Session, the Board of Physical Therapy testified against House Bill No. 1240. The board opposed licensing because of the lack of evidence of harm to the consumer from persons working under the supervision of licensed physical therapists. We agree with the board.

Recommendation

We recommend that House Bill No. 1240 not be enacted.

Notes

Chapter 1

1. Benjamin Shimberg and Doug Roederer, *Questions a Legislator Should Ask*, Second Edition, The Council on Licensure, Enforcement and Regulation, Lexington, Kentucky, 1994, p. 24.

Responses of the Affected Agencies

Comments on Agency Responses

We transmitted a draft of this report to the Department of Commerce and Consumer Affairs and the chair of the Board of Physical Therapy on November 14, 1995. A copy of the transmittal letter to the department is included as Attachment 1. A similar letter was sent to the board chair. The responses of the department and the board chair are included as Attachments 2 and 3, respectively.

The Department of Commerce and Consumer Affairs supports our analysis and our conclusion that regulation of physical therapist assistants is not warranted. The chair of the Board of Physical Therapy says that inasmuch as our analysis found insufficient evidence to support regulation, the board would agree with our conclusion.

STATE OF HAWAII
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917

MARION M. HIGA
State Auditor

(808) 587-0800
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November 14, 1995

COPY

The Honorable Kathryn S. Matayoshi, Director
Department of Commerce and Consumer Affairs
Kamamalu Building
1010 Richards Street
Honolulu, Hawaii 96813

Dear Ms. Matayoshi:

Enclosed for your information are three copies, numbered 6 to 8 of our draft report, *Sunrise Analysis of a Proposal to Regulate Physical Therapist Assistants*. We ask that you telephone us by Friday, November 17, 1995, on whether or not you intend to comment on our recommendations. If you wish your comments to be included in the report, please submit them no later than Tuesday, November 28, 1995.

The Board of Physical Therapy, Governor, and presiding officers of the two houses of the Legislature have also been provided copies of this draft report.

Since this report is not in final form and changes may be made to it, access to the report should be restricted to those assisting you in preparing your response. Public release of the report will be made solely by our office and only after the report is published in its final form.

Sincerely,

Marion M. Higa
State Auditor

Enclosures

BENJAMIN J. CAYETANO
GOVERNOR

KATHRYN S. MATAYOSHI
DIRECTOR

BENJAMIN I. FUKUMOTO
DEPUTY DIRECTOR

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November 21, 1995

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STATE OF HAWAII

Ms. Marion M. Higa
State Auditor
Office of the Auditor
465 South King Street, Room 500
Honolulu, HI 96813-2917

Dear Ms. Higa:

Thank you for the opportunity to comment on the draft report, ***Sunrise Analysis of a Proposal to Regulate Physical Therapist Assistants.***

We support the thorough analysis provided and the conclusion that regulation is not warranted.

Very truly yours,

KATHRYN S. MATAYOSHI
Director

ATTACHMENT 3

BENJAMIN J. CAYETANO
Governor

Kathy Matayoshi
DIRECTOR

NOE NOE TOM
LICENSING ADMINISTRATOR

BOARD OF PHYSICAL THERAPY
STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
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November 27, 1995

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Ms. Marion M. Higa
State Auditor
State of Hawaii
Office of the Auditor
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917

Dear Ms. Higa:

Thank you for the opportunity to comment on the Sunrise Analysis of a Proposal to Regulate Physical Therapist Assistants.

The position of the Board of Physical Therapy ("Board") has been that it was not prepared to support the licensure of physical therapist assistants unless there was evidence to show that licensing is needed for the protection of consumers.

Inasmuch as your Sunrise Analysis has found there is insufficient evidence to support the regulation of physical therapist assistants, the Board would agree with the conclusion contained in your report.

Very truly yours,

Craig B. Nagata
Chairperson

CBN:js