STATE OF NEVADA

JOE LOMBARDO
Governor

PHYSICAL THERAPY BOARD

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

BOARD MEETING MINUTES

January 13, 2023

Item 1. Call to Order/Roll Call to determine the presence of a quorum.

The Meeting was called to order at 9:00 AM

Board Members in Attendance: Jennifer Nash, Board Chair; Katherine Joines, Vice-Chair; Jessie Fisher Board Member; Aaron Stevens, Public Member; Laura Cerame, PTA, Secretary/Treasurer.

Staff in Attendance: Charles D. Harvey, Executive Director; Debby Dieter Investigator; Muriel Morin Mendes, Licensing Coordinator; April Ramirez, Board Operations Support Specialist; Neena Laxalt, Board Lobbyist.

Board Counsel: Harry Ward, Deputy Attorney General

Item 2. Public Comment-None

Item 3. Review and Discussion of November 4, 2022, Board Meeting Minutes ***(For Possible Action).***

A. November 4, 2022

Motion to approve the November 4, 2022 meeting minutes as presented: Jessie Fisher, PT Member
Second: Laura Cerame, PTA Member
The motion passes unanimously.

Item 4. Review and discussion Board Meeting Minutes ***(For Possible Action).***

A. December 5, 2022

Motion to approve the December 5, 2022 meeting minutes as presented: Kat Joines, Vice-Chair
Second: Jessie Fisher, PT Member

The motion passes unanimously.

B. January 4, 2023

Motion to approve the January 4, 2023 meeting minutes as presented: Kat Joines, Vice-Chair
Second: Aaron Stevens, Public Member
The motion passes unanimously.

Item 5. Report from Nevada Physical Therapy Association ***(APTA NV)*** ***(Informational Only).***

Pamela Smith, APTA NV Secretary: The APTA NV supports the PT Compact Bill. The APTA NV would like to see the regulations codified as soon as possible.

Item 6. Discussion and consideration of Proposed Changes to the Nevada Administrative Code 640 (R124-21). ***(For Possible Action).***

Chair Nash provided board members and the public with a brief history of the changes to NAC 640. The Board sent the regulations to the Legislative Counsel Bureau (LCB), who then asked us to pull them back after they had discussions with ATI Physical Therapy. The Board held another meeting with a three-day notice. The January 4, 2023 meeting allowed for a full vetting of the ATI considerations. The Board decided that it would post the changes so the public could review them and send in public comments before the January 13th meeting or provide public comments at the meeting.

Chair Nash asked for public comment on ATI's proposed changes and stated that the Board would consider additional proposals for changes to NAC 640 if it was necessary for public safety, including revising other aspects such as NAC 640.595(4) and would send the final recommendations to the LCB after the Board has voted.

The last bit of news is that there was an executive order signed by the Governor yesterday. That executive order pertains to regulations from our agency. We will be seeking an exemption based on the proposed changes focusing on public health and safety. So, with all of that information, we are going to move forward with public comments.

Public Comments:

Erik Kantz: Chief Legal Officer for ATI Physical Therapy: With apologies, while we haven't reviewed the changes in depth, they having been posted yesterday, just an initial reaction which is that we appreciate the discussion. But it does appear to us that just a number of the comments were disregarded. In terms of language, our goal was to preserve the scope of practice, but the role that Techs provide in clinics and we're not sure that the language here really is clarifying to that effect, and in a sense given that the statute specifically allows a physical therapist to utilize and to supervise techs.

It seems to us a little bit unclear here regarding what they would be supervising if the intent is for them to do some tasks that aren't directly involved in care. So, while there was some language that was maintained, and does seem to suggest that they do have a role in that care. We don't think that the language accomplishes what we thought it would be intended to do. One additional thought we have. There's been a lot of talk about safety, and perhaps this isn't the intent. But there's almost this idea that Techs are being used in an unsafe way, and that patient safety is an issue. We have asked some of our additional people here who do a lot of research in that area, to just offer some comments specifically on that topic, and so again, I appreciate the discussion and look forward to the other comments

Dr. Andrea Avruskin: Nevada Licensed Physical Therapist: I am a licensed PT for 30 years with 25 of those in Nevada. 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. I fully support those revisions. Licensure is meant to offer safety to the public. One recommendation at this time that I have is to add the word application to 640 section 8, number 7, after the word development which would reflect the other revisions that are proposed today by the Board. On another note, 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 let's say, one to four or one to five, combined with the new NAC 640.590.6. Allowing PTA's to work on three patients at a time when the PT is on-premises could potentially increase access for patients by over 50%. Currently, the supervision ratio of one PT to three support staff has limits of two of each type of supervised person to update the ratio. We can keep in mind that different personnel might require different intensities of supervision. Specifically, PTs are to greet licensed practitioners. They don't need as much close supervision as students or graduate status clinicians and another consideration is that if PT Techs are not going to be doing treatment interventions, do they need to be in a supervision ratio at all? Just a question that the Board can consider. I'm posting on chat the short version of what I might recommend for the supervision ratio.

My recommendation might be something like a one-to-five ratio with a maximum of four PTAs. The remaining free spot would only be if a student was enrolled in a CAPTE-accredited program that holds an affiliation agreement with the clinical site and could only be used under the PT. During the students. official practicum dates, we could put limits like a maximum of two students, concurrently, which would use the dedicated student slot, and one of the PTA slots. There'd be a maximum of two graduate status people which would use two of the PTA slots if the board wanted to still have PT Techs in the supervision ratio for the tasks that they might be helping with one PTA. could be used for a PT tech, and note that the dedicated student slot could not be used for an extra PTA or pt tech, even if they were in a PT or PTA program unless it was during one of their official student practicums. So, for example, a PT. Could have four PTAs and one student or two PTAs, two grad students, and one

student. So, the same model would also work with a one-to-four ratio. So, there'd be a max of three PTA plus one student slot and the same limits on students and graduate status people. I think this might be able to give everyone what they're looking for. It gives employers the ability to hire more licensed people to help the PT, keeps the public safe, and promotes the future of the profession by dedicating a spot in the supervision ratio for at least one student. It encourages hiring graduate-status persons, and you know the Board can decide if they want to keep a PT Tech in the supervision ratio or not, and if an employer wanted to have a PT Tech, they could have that instead of one of the PTA's. Thank you for your time.

Chuck Thigpen: Senior Vice President Clinical Excellence for ATI: I'm a physical therapist and an athletic trainer for over 25 years. 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. In fact, 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. For instance, the State has suggested a collaborative effort between that of licenses and directing supportive personnel, including physical therapy technicians, to render safe and predictable outcomes. As noted by my colleague earlier in previous meetings 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 to achieve the size of reducing the roles are completely removing this capacity with physical therapist, provide and delegate appropriate clinical tasks. Technicians certainly would impact that access. 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 in this setting. As a side, note, I've actually partnered with CMS in other academic institutions, including the University of South Carolina, and Duke University to publish performance measure approaches for clinicians, surgeons, physical therapists, and other health care providers. So, using that approach, ATI's scored in the 100th percentile in the last two 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 published a paper last year with UNLV and have an ongoing quality Improvement project to help our clinicians improve their care so the focus of these research projects in my entire department is really to ensure that I think our demonstrated capability to deliver safety as well, as predictable outcomes and in the Nevada market important access to care, so we have a strong case to do that. I'm happy to supply any data that the Board would like to see. We submitted the State of CMS. Happy to provide the same data, on a per-clinic basis for the Board to review. Thank you for the opportunity to comment.

Wade Meyer: Chief Compliance officer at ATI Physical Therapy: Good morning, as both Chuck and Eric have indicated, there's been a lot of discussion around this particular topic and area. I know one of the areas that have been brought up in the past has not only been some of what Chuck pointed out but also looking at some 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 avenues such as the better business bureau. As we left our last meeting, I went back and looked at some of the information that we have internally tracked, 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. I think this coincides with the information that Chuck just provided, that in essence when a PT is appropriately supervising a Tech, the outcomes for these individuals are beneficial and showing the improvement that patients are needing. I think 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. We're very familiar with the requirement from the Practice Act standpoint that Techs need signage on them when they're assisting in care. So patients are aware of who is the supervising PT, who is the PTA, and who is the physical therapy technician. So, 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 an administrative burden, or whatever act the Board would like to take in those situations depending on the severity. So, in closing again, I'd just like to thank you for the opportunity to present the information and be part of a collaborative effort, so that we can appropriately get the language correct, and that's beneficial to obviously the patients but also all the licensed individuals in the State of Nevada. Thank you.

Keith McKeever: Program Director at Pima Medical institute PTA program: Keith Mckever, licensed Physical Therapist Assistant in the State of Nevada, I'm also an instructor at Pima Medical Institute for the PTA program. 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 the United States versus Hurdle and Brown Physical Therapy and Aquatic Therapy, which I feel if we don't make efficient changings in the State of Nevada may soon be us in the State. As they were charged with multiple counts of using technicians to provide physical therapy services and billing for the services of unlicensed Technicians. I would hate to see this happen to one of our clinics or anything in our state, because the State or the Federal Government in that case brought charges not only against the clinics themselves, but also against all members of those clinics, including technicians, and I felt that would be kind of unfair to our technicians if they didn't know better about what they were doing. So, I firmly stand in complete support of making these changes. I think I've been involved in this since it started 5, 7 years ago,

or something like that So, I just wanted to make sure that I do stand in support of these changes. Thank you very much.

Debby Dieter: Board Investigator: I'm the Investigator for the Board and have been for the last 9 years. I'm not able to give a lot of detail. I appreciate the information from ATI about their data. It was very interesting, but I can state that as the Investigator I have investigated cases where there were safety issues with the use of technicians providing care, and I wanted to let you know that the Board is very diligent about that, but safety issues do exist. Thank you.

Lou Hillegas: Nevada Licensed Physical Therapist: Thank you, madam. Chair, Lou Hillegas licensed PT in the State of Nevada. As I've stated in the past, I applaud the effort to clarify the use of technicians and the work the Board has done. As I interpret what is written here and posted yesterday. It appears to me that this is the elimination of Rehab Techs from the care model and simply stated, I'm not in support of that complete elimination from the care model thank you

Brandon Godin: Nevada Licensed Physical Therapist: I'm a physical therapist in the Las Vegas area. I actually come from rural Nevada. I've been in Nevada my entire life, and one of the things that I've always appreciated is that coming from Nevada, we look after our own and we really worry about the people in our communities and what's in their best interest. With the changes in this continued conversation around the NAC 640, and the user rehabilitation Techs, I'd like to thank the Board for continuing to look at this language and revise and reconsider it as it does have a direct impact to our communities. My one concern as a practitioner and provider, and a rural constituent where my families are still heavily involved in the communities, like Lou Hillegas just said, elimination of this position, from what the verbiage does seem to imply, does have a direct impact on access not only or large and small communities as well where we have to still understand the fact that we are in provider shortage. Just across our state, and we are an underserved community, where, being able to delegate specific access as a calendar, direct provision is something that all medical professionals do across various fields and to the Investigator's point, when there are breaches that are outside of the scope of practice or outside of this open knowledge that are instructed, whether it be from the PT, the PTA or into a technician's role and responsibilities. It is ultimately the PT's responsibility, we already have established processes in place to enforce when people are doing things that are unsafe and appropriate, that we can go forth with. I don't know where additional language and changes to the language need to change that, because ultimately, if there's unsafe practice currently going on, it needs to be enforced and supported from the Board, not eliminating the position entirely. So, thank you for your time and I really appreciate that.

Susan Priestman-President APTA NV Board: Hello Chair, Nash, and the board. Thanks again for your work on these very important regulations. I'm speaking as an individual physical therapist who has a 20-year history of doing quality management, including our quality improvement programs. for over 250 clinics nationwide. I had a concern about Mr. Thigpen's comments. They were

primarily supported by Medicare quality, improvement data, and Medicare. CMS does not allow any technician technical component 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 patient treatment role. That's it. I just thought that was important to bring up

Sean Ellis: Nevada Licensed Physical Therapist: After reviewing the revision of the revisions, it seems that I would support what has been sent out and posted here as of yesterday. I think again, just going back to the same issues here, the conversation has primarily been about access and quality, and so forth. I continue to state the fact that, you know 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 not trained or licensed to provide those tasks because we don't have the ability to provide the services, I find to not be the right response. You know our response that has 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. If we allow that, it makes our degrees almost defunct and so, I think to continue to have that argument, I just don't think continues to apply at the same time. I believe, what Susan had just noted, which is, you know, technicians do have a role, you know, and I think those are appropriate as she noted, specifically and I've been having more comment than that. I think also some of the notes that were made by Dr. Aruskin earlier about a little bit of clarification of the application of treatment which is still treatment, and I would certainly be in favor of it, reviewing any of the supervision requirements to maybe offset some of these changes to the tech changes that we are discussing today. Thank you for your time.

Chuck Thigpen: Senior Vice President, Clinical Excellence for ATI: Thank you, Chairman Nash and Susan. I appreciate your comments. Just one clarification and I'll drop it in the chat just for folk's reference. The MIPS measures that I referenced are from the quality payment program which includes outcome surveys for all adult patients is what you're required to report. So actually, the outcomes that I alluded to are the outcomes for all eligible patients. Where essentially all adult patients are what you're required to report. So, I'll drop the measures in the chat. I appreciate your point. I think your point about Medicare restrictions and providers, and we're 100% committed to that. It's my job every day, like you, I oversee our poly improvement program across. Your entire platform. And, Debbie, thank you for pointing out we have gaps in care, and our clinicians aren't doing that. It's my commitment to make sure that happens in a safe and equitable way to all access and patients who need it. But thank you.

Jenelle Lauchman: Nevada Licensed Physical Therapist: Good morning, Chair Nash and the Board. My name is Janelle Lochman. I'm a physical therapist, licensed in Nevada, and I just want to say, thank you for looking at these changes. And I agree with them wholeheartedly, and also, Andrea Avruskin's supervision changes as well. Knowing that these changes have been

ongoing over many, many years. You know, if we can get them through some way today to LCB, that would be phenomenal, because again, our practice act does need to be brought into the contemporary timeframe. Anything that you can do to help speed that along would be appreciated.

James Mortensen: Nevada Licensed Physical Therapist: Hi, James Mortensen, licensed physical therapist in the State of Nevada, practicing for many years. I'm with Fyzical Therapy and Balance Centers. I would also agree with the changes, with the addition of the phrase application behind 640, section 8.7. to improve access for patients. I would also be in favor of revisiting the PT. to PTA supervision agreement. It is rather restrictive, and 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 and the highest 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 competent in their ability to execute or even assist physical therapist, and many of the delegated tasks is inappropriate in my opinion and I thank everybody for their efforts on moving on this and hope you can get a resolution today.

Dr. Andrea Avruskin: Nevada Licensed Physical Therapist: Just a follow-up comment that underserved or rural communities do deserve safe and licensed care as much as urban communities, and they deserve protection from unlicensed care. Thank you.

Erik Kantz: Chief Legal Officer for ATI Physical Therapy: One comment I just wanted to make. I've heard a couple of times that there's some kind of reference to not being trained and not being educated. Keep in mind that some of these techs have sports physiology degrees. They are athletic trainers. They actually have a good deal of training in terms of being able to assist in various care. In fact, I think going back to Dr. Avruskin's point about who, I believe, would support students. Keep in mind, the students are unlicensed personnel, and they, too, would fall under the technician label, and so, as we talk about this, then we, you know, we should keep in mind that we are not talking about untrained uneducated people these are people are specifically trained to assist in specific, in certain tasks. And therefore, that's why we think it's important that there not be confusion, not again, not restrict or change what they're able to assist with under the proper supervision of a physical therapist. Thank you.

Dr. Andrea Avruskin: Nevada Licensed Physical Therapist: Licensed PT students do not fall under the technician label. They have CAPTE-approved education and training and clinical skills. Thank you

Matthew Leveque: Nevada Licensed Physical Therapist: Thanks, madam Chair. I am a physical therapist, licensed in the State of Nevada for about 20 years. I just wanted to log in and support changes that the Board has recommended that have been proposed here, including the addition of the word application and the sub-language that was proposed in response to the notion that techs are trained, or are specifically trained to provide services. I think we

need to be careful as we start talking about the training that's provided and how we would potentially regulate and otherwise verify that proper training has been given to technicians to provide care whether it's care specific to individual services or care in general. I think we all realize how techs are utilized. Currently, they're utilized to apply care under the supervision of a physical therapist. The definition of supervision of a technician, I think, is something that we could all argue is something that would be inconsistent from one provider to the next. But overall, I think the elimination of techs was brought up, and we're not eliminating techs. What we're doing is trying to figure out the best way to utilize techs and how tech should be utilized to set up treatments, to bring patients back, to assist the physical therapist and or physical therapy assistant in the provision of care, to make sure that the care is safe. But in terms of delegating care to a tech, and allowing a tech to basically run around a clinic and provide instruction for exercise, provide 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 is really going to help alleviate some of the concerns with access. So, thank you for your time

Janelle Lauchman: Nevada Licensed Physical Therapist: Physical therapist, licensed in Nevada. I just wanted to comment on the education of technicians. If they have that education, and they have a holding, 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, if a patient's going to be getting physical therapy services, I again go back to it should be by the physical therapist or physical therapy assistant. So I whole hardly again support the changes. Thank you.

Dustin Clow: Nevada Licensed Physical Therapist: I'd like to essentially echo exactly what Matt Leveque just laid out. 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. Thank you.

Brandon Godin: Nevada Licensed Physical Therapist: Apology, I just wanted to clarify my previous statement that I do believe that we need to use the tools and resources we have safely and effectively, and that every patient should have the safest care possible. Where I think about this is the technician role as a tool for the therapist's use similar like instrument assistance soft tissue mobilization or even traction belt that, under guidance and supervision, when appropriate, can be used effectively, but ultimately to the to the points of when safety is not effectively preserved, then it's ultimately the therapist's responsibility that supervising that patient to be held accountable to it. I think that's really where the Board has a lot of ground with the Inspectors to hold 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 alignment with several other states. But you know, if it's they're not being properly utilized and that's a

different conversation. Then, while we're moving forward, having this conversation around Thank you.

Matthew Leveque: Nevada Licensed Physical Therapist: Thank you, madam Chair, Matt Lebeck, licensed physical therapist for the record state of Nevada. I want to respond to Mr. Godin's comments. I just want to make sure we're clear on what we're saying here. As far as amending, or somehow revising tech utilization, techs are not or are being utilized to provide care, not in the way Mr. Godin recommended, which is to be consided an instrument assisted tool. 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, and instruct patients and provide care just because the physical therapist is in the office, and to basically suggest that we need to leave things the way they are, is short sided. I think we need to understand that there need to have 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. Now, if you want to use a tech to bring them into the care to support the patient while the physical therapist provides traction, you want to bring the tech into the care to support the physical therapist to physical therapy assistant while treatment is being provided that requires that the physical support of two persons. I don't think anybody's going to argue that point, but we have to recognize what we're saying here because I think we're having two different conversations. Okay, if Mr. Godin and the rest of the folks that support the use of techs are willing to concede that they're not using techs to run around the clinic and provide care and I think we're all on the same page, 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 distributed distribution of exercise, instruction, patient instruction on ADL training, transfer training, and things of that nature, then the answer is no, they should not be and cannot be providing that. To go to Ms. Priestman's statement earlier, CMS says, not to provide skilled services. Period, the end. Okay? So, thank you very much, everybody, for your time. I appreciate it.

Chair Nash closed the public comment period and moved forward with the Board discussion on the proposed ATI Language, public comments on the proposed language, and the Board's NAC Draft Language.

Kat Joines Vice-Chair: I would like to entertain the access ratio from one to three to one to four. I would like to see job descriptions for a tech to see if it is in line with the language changes. Also, in support of adding the language application

Jessie Fisher: PT Member: I agree with what Vice-Chair Joines stated. If an ATC is working in a physical therapy clinic in the role of a tech, they are treated as such. They are required to perform the duties that techs are allowed to do, they are not practicing under their ATC licensure. It is the Board's responsibility to monitor and regulate the use of techs. As Brandon mentioned, it's the

Board's responsibility with the Inspectors to make sure that we're monitoring and regulating the use of techs. I appreciate that, but there has to be an understanding that the capability of the Board and their Inspectors are somewhat limited. We do not have the ability to be all places at all times. So, we've seen over the years as Investigator Dieter mentioned, a number of instances where techs are being misused, and it has caused issues. So, while we're catching some of those, we don't have the capability to catch all of them. So, I do think it's important for us to have regulations that are in the public safety interest. I am also in support of Dr. Avruskin's proposal to increase the supervision ratio. Going to one to four or one to five, is I think a bit extreme, but I am in support of one to four. I do think that there should be a maximum of one student because I worry that the experience of the student would be compromised if a therapist is trying to supervise two full-time students at once But I'm fully in support of increasing the ratio to one to four with a max of three PTAs plus, one dedicated student slot. I'm also in support of adding the language and the word application to number 7 in section 8, as proposed by Dr. Avruskin and a couple of other people during the conversation.

Laura Cerame:PTA Member: Going back to Vice-Chair Joines question regarding full job descriptions. I would be in support of seeing the full job description. However, during the course of our conversations, I've had a chance to go out and pull up several physical therapy clinics. No, nobody was specific and I don't want to isolate anybody. It was a broad range of job descriptions that were out in physical therapy clinics. I was looking for rehab techs and some of these job postings are very interesting for the rehabilitation technician, and they include modality setup and breakdown, supervising patient's exercise programs. There was another one here that was a little bit more specific where it said they prescribe home exercise programs, assist with setup delivery, and therapeutic modalities. So there seems to be a broad range in the definition of clinicians, and I know that there are some discussions regarding the laundry list of what a tech can and cannot do. We've already had that conversation, and we were advised by DAG Ward not to create a laundry list. I'm just finding it very interesting that some of these job postings are very specific, and what rehab technicians can do leading those rehab technicians to believe that when they come into the clinic, they're going to be responsible for some of these, some of these physical therapy prescriptions. So again. No one was isolated. It was across the board, you know.
On the other hand, it's really interesting that when you pull up some physical therapist assistant job postings, it specifically says direct case in coordinating patient care, and that's really about it. So, you know, Vice-Chair Joins, I would be in support of looking at some other job descriptions. If you want to go that far. But I'm just finding this information very enlightening.

Aaron Stevens: Public Member I'm looking at the revisions here. Good point on the Job applications. And then I'm looking at the number 7 under section 8. And, Jesse, you wanted to put application Where?

Jesse Fisher, PT Member It was suggested by Dr. Avruskin to say, the development, application, or modification of therapeutic exercise programs

Aaron Stevens: Public Member: No other comments.

Jen Nash, Board Chair: Thank you all. I think we've had some great discussions today, and I really appreciate that because it is a very important topic that we're talking about. I also find the suggestion to add the word application for Section 8 number 7 after the word development to be helpful and clearer as far as what the Tech's role is in the clinic. So, I support that as well. I also support changing the ratio language. I think that we do need to be aware of how we could promote access to care and to promote that access. Regardless of where it's being provided, is it quality and skilled, and by educated and licensed professionals? I do think that I lean more toward the one-to-four ratio, than the one-to-five ratio. I'm going to look here at the language that she recommended to the one-to-four supervision ratio, max of three, PTAs plus one dedicated student slot, and then the PtA spots could be used for a student, a graduate status. Let's see, students, graduate status, max of two students. Max of two graduates. So, looking at the actual language in 640.594. I'm going to go to number two everyone and I'm going to read it. I would be in support of changing two to three physical therapist assistants at the time at that time I do support two student model, as mentioned in the chat by Jenelle Lauchman. I think that two students actually decrease some of the anxiety and stress on the student, which we are very aware of with the mental health issue, and really provides even possibly a richer experience for the students. So going back to the language, D, two graduates of physical therapy at a time, I agree with that. So, then E, if supervising any combination of graduates of physical therapy, and students of physical therapy. Physical therapist assistants and physical therapist technicians, a combined total of four such persons at the same time. I do feel that this language will be helpful, as it does support not only the future of our profession, by reserving slots for students, it also provides increased slots in the clinic right. It provides increased access. Are there any other board member comments regarding that language I just mentioned, specific to 640.594 because we are editing this in response to the changes we have made.

Motion: I motion to approve the following changes to the language and be sent to the LCB, Kat Joines, Vice-Chair
Second: Jessie Fisher, PT Member
Roll Call Vote: Laura Cerame PTA Member-Yay, Aaron Stevens, Public Member-Yay, Jessie Fisher, PT Member-Yay, Kat Joines, Vice-Chair-Yay, Jen Nash, Board Chair-Yay.
The motion passes unanimously.

Recess 10:40 AM

Reconvene: 10:50 AM

Item 7. Board software and technology update ***(For Possible Action).*** The Board will review and discuss the licensing software implementation and possibly approve additional action on the project.

A. Presentation from Thentia Project Manager, Thomas Chinn

The data from the current software has been migrated. The data is being mapped and we are making sure of the data integrity. Within the next 6 weeks, we plan to go live. We have scheduled training with Director Harvey and the staff.

My commitment to Director Harvey is to get us to February 21st, 2023. There is an additional component that needs to be implemented in phase two of the project. That would be to implement CE Broker for continuing education tracking. Senior leadership from Thentia has approved the implementation at zero cost to the Nevada Physical Therapy Board, in acknowledgment of the delays. Typically, the way that we implement the training is we do self-directed training first and then the next phase is live instructional training. The good news is that I'm in Reno, so I'm local if there's any additional training that needs to happen. I know that Charles and his team are in Las Vegas. However, I can help facilitate some of the training as well. So, it's generally a two-part training component, where we would do a daily check-in as well with all of his team to ensure that the functionality and everything that their staff needs to facilitate accurately and appropriately the business functionalities are working correctly, and then we have the live training.

Jessie Fisher, PT Member for the record. Any estimate on the go-live timeline would be for Phase two with CE Broker?

Thomas Chin, Thentia Senior Project Manager. I would like to start Phase two of the implementation immediately following the go-live date. Between March and April of 2023.

Director Harvey for the record. There are some constraints with CE Broker, the language in the contract must be resolved before we can officially move forward with CE broker. This is being addressed currently by CE Broker and Board legal counsel.

Kat Joines, Vice-Chair for the record: Can I recommend that at least one Board member go in there as well and help out?

Thomas Chin, Thentia Senior Project Manager. That's not a problem. I can certainly get any additional participants in the learning management system.

Kat Joines, Vice-Chair for the record. What will happen if Thentia does not meet the launch date by February 21, 2023?

Thomas Chin, Thentia Senior Project Manager. I do not foresee any obstacles that we will not meet this deadline. Everything is in alignment. I've spoken to our engineering team to ensure that they can get that going and put it in place. So, at the present moment, I don't foresee any

obstacles from Thentia's side and I've committed to Executive Director Harvey that date is firm. I know there's been a couple of delays in the project plan, before my jumping into the driver's seat. However, my commitment to the Nevada Physical Therapy Board is to have them launched by the twenty-first and not have any more moving targets or deadlines. I'm monitoring this project daily and weekly and we get to a point where there are any obstacles or items that I don't foresee at this point, I'll raise that sooner than later. But at this point, the 21st seems like a very definitive date on our end, because all the resources are lining up. We have to line up our development team. It's not just me putting a deadline on that and agreeing with the client. Before doing that, I have to work with the development team, the training team, and the user acceptance team, and I also have to coordinate with their resources as well. So, they would not have given me that date if they weren't 100% convinced that it was going to launch on that date. That is the reason I've proposed that date, and that is my commitment to Executive Director Harvey and his staff, and the Board. At this point, I don't foresee slipping but we know that anything's possible.

No action was taken.

B. CE Broker

Director Harvey for the record: There is no additional update on CE Broker other than they are working on integration with Thentia

No action was taken.

Item 8. Advisory Committee on Continuing Competence (ACCC) Update. ***(For Possible Action).***

A. Consideration of recommendations for continuing competency courses reviewed at the December 2, 2022, ACCC Meeting

Motion: I motion to approve the ACCC Recommendations for Continuing Competency courses from the December 2, 2022, ACCC Meeting: Kat Joines, Vice-Chair
Second: Aaron Stevens, Public Member
The motion passes unanimously.

B. Selection of Liaison/Member of the Advisory Committee on Continuing Competence.

Motion: I motion to appoint Vice-Chair Kat Joines as ACCC Board Liaison: Jessie Fisher, PT Member
Second: Aaron Stevens, Public Member
The motion passes unanimously.

Item 9. License Ratifications ***(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

Motion: I motion that we approve license ratifications as presented: Laura Cerame, PTA member.
Second: Jessie Fisher, PT Member
The motion passes unanimously.

Item 10. Board Operations Report ***(Informational Only).***
Executive Director Harvey provided the Board Operations Report.

LICENSING

- Active licenses as of December 31, 2022, are 3,245, (2,393 physical therapists and 852, physical therapist assistants).
- 107 licensees identified as military, veterans & spouses
- 400 new licenses were issued in 2022. The number of licenses approved each month is fairly consistent, with a spike during the summer months after graduation.
- Completed applications are processed within one day.
- We have 165 pending applications in various stages of completion, which include background checks.

RENEWALS

- In 2022, 3,000 licenses were renewed, with more than 95% of the renewals completed online.

CONTINUING COMPETENCE

- In 2022, 1,791-course applications were submitted. The Advisory Committee approved 1,741 courses and denied 45 courses, which represents a 97% approval rate.

DRY NEEDLING

- 26 Dry-needling applications were approved in 2022.

LICENSEE MAILING LIST

- 44 licensee mailing lists were processed in 2022.

CASE ACTIVITY

- 21 new complaints were received in 2022. 11 complaints/cases were dismissed, and 2 consent decrees were approved. We currently have 14 pending matters, of which 13 investigations have been completed, and the cases are in various stages of processing, settlement discussions, and scheduling hearings.

BOARD TRAINING OPPORTUNITIES

- The Nevada Attorney General's Office and the Nevada Commission on Ethics offer online training for Board Members and Staff. I've provided a list of videos that are available via Youtube.
- Board members are required to complete Boards and Commissions training upon appointment, but it is recommended that it be taken annually. The agency must track the completion of training by board members and staff, this includes the date and name of training that has been completed.

- The Federation of State Boards of Physical Therapy also provides training opportunities that offer an in-depth understanding of the role of board members and staff. They hold several meetings each year including online webinars.

PROJECT UPDATES

- Board Newsletter
  - The December newsletter was published on 12/20/2022.
  - The next edition will be published in the 1st quarter of 2023.
- FSBPT Grant Funding
  - We are engaged in several grant-funded projects with the FSBPT. Each project has been set up in a way to enable the FSBPT to award funding based on the completion of agreed-upon milestones. Projects include
  - Electronic licensing system.
  - Legacy licensing system.
  - Imaging project of paper-based licensee records.
  - FSBPT Unique ID Number to be included in each licensee record.
  - FSBPT API which is software to automate the transmission of real-time licensee records to the FSBPT Electronic Licensure Disciplinary Database.
- New Licensing Software – Update provided by Thentia Project Manager Thomas Chinn.
- CE Broker – Update on integration efforts provided by Thentia Project Manager Thomas Chinn. The board staff is working with CE Broker on contractual agreements.
- Online NV Jurisprudence Exam (NV JAM)
  - A new online JAM has been created by the Executive Director and will be deployed on the board website when the new licensing system is launched. The exam was created using the product ClassMarker, which provides a secure online testing service for applicants and licensees. This solution will allow the Board to create tests, obtain immediate results, and view and export statistics for tests, questions, and categories. A test bank has been created and will be provided to the Board members for review and feedback. The costs for the ClassMarker service is $39.95/mo ($396/year for 400 test per month) or $79.95/mo ($792/year for 1,000 test per month).
- Board Financials
  - The balance sheet as of November 30, 2022, is $1,064,608.
  - Revenue for the fiscal year through November 30th was $164,878.
  - Expenses for the period were $199,687.
  - Copies of the balance sheet, profit and loss sheet, and vendor expenses are included in the board report.

Item 11. Board Member Manual / Board Position Descriptions ***(For Possible Action).*** The Board will review, discuss and possibly approve updated Board Member Manuals, and position descriptions.

Director Harvey presented the Board Member Manual and updated the Board on revisions which include position descriptions. Director Harvey introduced a Quick Start Guide that he created for new Board members. The Board Members discussed the Board Member Manual and acknowledged that it is thorough, and a good resource for them.

Motion: I make a motion to approve on the condition of the Board member Manuel 11 A, 11 B. 11 C. That 11 C. Replaces the job descriptions with 11 A. manual: Kat Joines, Vice-Chair
Second: Jessie Fisher, PT Member
Roll Call Vote: Laura Cerame PTA Member-Yay, Aaron Stevens, Public Member-Yay, Jessie Fisher, PT Member-Yay, Kat Joines, Vice-Chair-Yay, Jen Nash, Board Chair-Yay.
The motion passes unanimously.

Item 12. Executive Director Performance Review and Consideration of Salary Adjustment ***(For Possible Action).***

The item was tabled

Item 13. Report from Board Legal Counsel ***(Informational only).***

Deputy Attorney General Harry Ward provided an update. I'm working with the investigators and the Executive Director regarding the outstanding cases and trying to resolve a lot of the open matters. As you are well aware, there were two executive orders signed by the Governor. I've reviewed those as well as had some discussions with other attorneys in my office, and I think we're set to go in regards to what we did today.

Item 14. Disciplinary Matters ***(For Possible Action).***

A. Recommendation for Approval of Consent Decree
i. McCade Powell, PT, License No. 3598 (*Expired*)

Motion: I motion to approve the Consent Decree as presented: Jessie Fisher, PT Member
Second: Kat Joines, Vice-Chair
Roll Call Vote: Laura Cerame, PTA Member: Yay, Aaron Stevens, Public Member: Yay, Jessie Fisher, PT Member: Yay, Kat Joines, Vice-Chair: Yay, Jen Nash, Chair: Yay
The motion passes unanimously.

B. Recommendation for Case Dismissal. The Board will review and possibly approve action regarding the dismissal of the following cases:
i. No cases are recommended at this time.

Item 15. Report from Board Lobbyist (***Informational only).***

A. Update on the 2023 Legislative Session

Chair Nash stated that the Board Lobbyist was unavailable, but had informed her of a few updates. Ms. Laxalt is currently tracking 36 Bills and we have a tracking number for our PT Compact Bill. The tracking number is 54-402 This bill can be tracked on the LCB website: https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bdrs/List

Item 16. Diversity, Equity, Inclusion, and Justice (DEIJ) ***(For Possible Action).*** The Board will review and discuss its position on DEIJ and possibly adopt a position statement and approve initiatives for 2023.

Executive Director Harvey: In 2021 the Board announced its intention to support DEIJ. I've provided information for your review on the efforts of other physical therapy boards and the FSBPT. I would like to discuss the Boards DEI goals so that we can focus our resources on areas that we think will make an impact. We could begin by formalizing the Board's position statement regarding DEIJ which can be posted on our website.

The Board discussed options on how they can support DEIJ. With the many options available, the Board decided to appoint Vice-Chair Joines, and Jesse Fisher, PT member to come up with some ideas to present to the Board on how the Board can support DEIJ. The Board needs to create a position in support of DEIJ. The Board members agreed to reach out to the PT and PTA programs and schools, and reach out to financial aid to see if a scholarship is possible. The Board would like to see a mentorship program published on our website, newsletters, and social media.

Executive Director Harvey stated that he has created a position statement for the Board's consideration and possible approval. It reads "The Nevada Physical Therapy Board is committed to understanding the dynamics of Diversity Equity, Inclusion, and Justice, and embrace DEIJ efforts that support our diverse members, staff, and consumers of physical therapy in the state of Nevada."

Motion: I motion to approve the position statement on DEIJ that has been proposed by Director Harvey: Jessie Fisher, PT Member
Second: Kat Joines, Vice-Chair
Roll Call Vote: Aaron Stevens, Public Member: Yay, Jessie Fisher, PT Member: Yay, Kat Joines, Vice-Chair: Yay, Jen Nash, Chair: Yay
The motion passes unanimously.

Motion: I motion that Jesse Fisher, PT member, and Kat Joines, Vice-Chair initiate an exploratory brainstorming session DEIJ Work Group and bring it back to the Board's next meeting. Aaron Stevens, Public Member
Second: Jen Nash, Chair
The motion passes unanimously.

Item 17. Board Assessment Resource (BAR) ***(For Possible Action).*** The Board will review, discuss and decide where to focus resources to accomplish intended or desired results.

Executive Director Harvey: In November of 2022, Board members participated in a board assessment using a tool provided by the FSBPT. The board assessment resource is a self-assessment tool to help PT Boards evaluate their performance, and identify any gaps between the mission and the results. This item is being brought back to the Board to share additional information on resources, training, and manuals generated from the board assessment tool to assist board members to enrich their knowledge and training. We welcome feedback from the Board members to help identify, plan, structure, and create additional training that may be useful.

Jen Nash, Board Chair: We will pick one part of the BAR that provide the director with questions about to include in his board operations for training purposes. We can start with Part 1 for next board meeting.

Debby Dieter, Board Investigator: In looking at the Board Operations Report, there is information in that report that does address many of those areas, for instance, complaint, resolution, licensure, outreach, and education. I think a couple of the areas are already in the board report.

Executive Director Harvey: We can address the Board's training needs in each of the areas identified in the board assessment resource, and will take them one at a time at upcoming meetings.

Item 18. Report from Board Chair and Members ***(Informational only).***

Chair Nash thanked the Board members and staff for their hard work and thanked the members of the public for being engaged in the last few Board Meetings.

Item 19. Discussion of Future Agenda Items ***(Informational only).***

1. Discussion about inspections and inspectors.
2. DEIJ

Item 20. Public Comment

No public comment.

Item 21. Adjournment

The meeting adjourned at 1:30 pm