

STATE OF NEVADA

Board Members

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Board Chair

REGINA MCDADE, PTA
Vice-Chair

JOSEPH INDRIERI, PT, MPT
Board Member

LOUIS HILLEGASS III, PT, MHA
Board Member

ANITA WAGNER
Public Member

JOE LOMBARDO
Governor



Staff

CHARLES D. HARVEY, MPA
Executive Director

VACANT
Licensing Coordinator

DEANNA IRBY
Board Operations Support Specialist

DEBORAH DIETER, PT
Board Investigator

PHYSICAL THERAPY BOARD

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BOARD MEETING MINUTES November 15, 2024

Item 1. Call to Order, Confirmation of Quorum

The meeting was called to order at 9:15 by Board Chair Laymon.

Roll Call:

Board Members Present: Michael Laymon; Gina McDade; Joseph Indrieri; Anita Wagner; Louis Hillegass III.

Staff: Charles Harvey, Executive Director; Deborah Dieter, Board Investigator; Deanna Irby, Board Operations Support Specialist

Legal Counsel: Joseph Ostunio, Deputy Attorney General

Item 2. Board Mission Statement (*Informational Only*).

The mission statement was read into the record by Chair Laymon.

The Nevada Physical Therapy Board 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.

Item 3. Public Comments

A. Andrea Avruskin

Greetings to the current Board members. Thank you for hearing my thoughts on this matter. I've been in physical therapy for 32 years, working in various settings as well as in academia. I've now returned to being a clinician in the clinic. I receive daily feedback from patients on the issue of who treats them, and almost every new patient I see has had experiences at other physical therapy clinics in Las Vegas, where they've been treated by unlicensed staff. They're upset, as they expected physical therapy to be delivered by a licensed person, who is either a PT or PTA and these patients also say they didn't get better when treated by an unlicensed person. Many ask our receptionists before they make an appointment if they will see a PT at every session. The ones that don't ask, tell us that they're coming to our clinic because they were referred by a friend. Ideally and ethically, patients really should only be treated by people who are licensed as PTs and PTAs, including for therapeutic exercise. If patients are treated by unlicensed personnel or techs, then we, as PTs are kind of admitting that our advanced education, clinical training, and licensure are not required to deliver and apply care. When we devalue our services in the eyes of our patients, the public, and the insurance companies, we open the door to deductions and reimbursement. I don't think any of us want that. Twenty years ago, the PT profession elevated our entry-level requirements to a doctorate specifically to improve the public's trust in us and their regard for us, and we must be able to safeguard that trust and not grade it by handing off our skills, application, and treatments to unlicensed personnel. The position of the physical therapist assistant was created to assist the Pt. in the delivery of services. The Apta recognizes the PTA as the only person qualified or appropriate to assist a Pt. Of course, there are business aspects that clinic owners and department managers have to balance such as availability of appointments and wait times, the flow of patients, productivity, clinic income, and things that unlicensed personnel have adapted to address these issues as they incur lower employment costs and allow higher, patient census and productivity. And we recognize that. So those are some main issues from both sides. I believe there's a possible way forward, a kind of compromise that might help both sides and what I recommend is the PT Board enable PTs to make greater use of PTA and PT and PTA students. And here's how to allow more licensed PTAs and students to be supervised by a PT. My suggestion is to update the supervision ratio to one to 4 and include a 5th spot reserved only for a student. The 4 spots could be filled by any combination of PTAs, Grad Status, PT, or PTA and students. PTs can decide the number, and what combination would be the greatest support to them. There is a current precedent in numerous other states that have higher supervision ratios than Nevada. I believe when I researched this a while ago, that one State even has a 1 to 9 ratio, and we don't have to go that far, but certainly, we could consider having more than a 1 to 3 ratio. For the student spots there should be some requirements, such as the student is actually in an accredited PT or PTA program or a program that has applied for

accreditation. There should be a fully executed affiliation agreement in place, and the student should only be treating patients during the actual affiliation dates of their program. There could be unlicensed staff that cleans stocks, transports patients, and does laundry, but because they would not be involved in patient care, they would not need to be included in the supervision ratio. So all of the spots in the supervision ratio could be for PTA students and grad status. This actually could be a benefit to a clinic, because, having more PTAs allows the PTAs to bill for their services, and I believe that some students can bill for service. It's all in the settings and with more student spots available, we would be attracting more of the existing and new academic programs students to our clinical sites in Nevada and potentially convert students to new employees upon their graduation. In summary, I request that the Board, consider updating the supervision ratio and retiring the use of unlicensed personnel in patient treatment. Thank you very much.

B. Sean Ellis

Hello. My name is Sean Ellis. I'm a physical therapist here in the State of Nevada. I'll keep this short. I just wanna support Andrea's public comments to the Board. I believe it's an important subject, and frankly, I thought this had been addressed. I know there was some legislative or regulatory issue that sort of stopped this issue, but I feel strongly that this devalues our profession by allowing, unlicensed staff, to participate in skilled care. I'll just leave my comments there. Thank you.

C. Vice Chair McDade read written public comments into the record. Copies of the written public comments from the following individuals are attached.

- i. Jenelle Lauchman, DPT
- ii. Mark Zipser, DPT
- iii. Katherine Joines, DPT
- iv. Russell Gourlie, DPT
- v. Roberta Sterger, DPT

Item 4. Board Member/Committee Reports and Updates (*For Possible Action*).

A. Nevada Physical Therapy Association (APTA NV)

- i. Susan Priestman, President, APTA NV.

I see that the Board has an action-packed agenda today, so my comments will be brief. I will remain on the phone should you need further input regarding the association's board comments. First of all, I'd love to welcome the new board members. You've come at a very eventful time in physical therapy, and I wish you good power to make the right decisions for our esteemed profession. I also want to be clear that the Association supports the Nevada PT Compact initiative in the upcoming legislative session. We are very concerned about the workforce in Nevada,

being 50th of 51 jurisdictions in physical therapists per capita workforce, which is a very grave concern for us. With regard to board consolidation, efficiencies of care are important to boards, but complementary boards are the boards that should be combined. If this is indeed necessary. For example, Pt. Ot. And speech might be a very productive board, in that we all support each other in the various settings that we all work commonly in the continuum of care between Pts. OTS, and speech and language. Pathologists are critical and essential, and I believe that those 3 professions, being together on a consolidated board could be a very workable item. We will wait to see how this all shakes out. I also want to make a comment on disability placards and just remind the board and the public at large that we are in the business of assessing patients, abilities disabilities, and functional limitations. Patients are in our office at the time of temporary and permanent disability. It just simply makes sense that physical therapists are qualified individuals to issue disability placards, and the Association will pursue legislation for this. For this ability going forward in the next legislative session. With regard to imaging, I appreciate the Board chair's comments. The current board opinion has clarified the role of PTs in ordering imaging and is indeed a very forward-thinking opinion. There was a lot of research that went into that opinion, and PTs being able to order imaging because we are a direct access profession, it is absolutely necessary to streamline care and to reduce the burden time, and expense on the part of a patient. It is important, as Dr. Layman pointed out that radiologists are still in the loop for interpreting plain films, MRIs, CT Scans, and the like. So the liability issue may not be one that we need to worry about. The evidence on imaging referral does clarify that physical therapists not only are better orderers of imaging with regard to when it is appropriate to order imaging, but we may actually reduce unnecessary health care costs by ordering imaging in a far more efficient manner than nurse practitioners or physician assistants, or and many general practitioners. So I want to put that out there that we are probably the better profession to identify when a patient needs imaging, particularly when a patient has walked into our clinic and depends on us for good, efficient, and quality care. My last comment today would be with regard to the use of unlicensed techs in Nevada, how that has been proliferated, and how the Board really does need to continue to address the safety concerns that may be exacerbated by unlicensed people carrying out way too many activities. Our association adopted a vision statement last year, which is to elevate the value of physical therapy. By using unlicensed individuals, we have devalued our care. This is certainly diametrically opposed to that vision

statement as we trust that the board will make very informed and careful decisions with regard to the protection of our patients. So I look forward to this session, and this Board meeting today, and will remain in the background and available for any comment that you may wish to elicit from the physical therapy association. Have a great meeting. Thank you.

ii. Tom Clark, Lobbyist, APTA NV

Good morning, Mr. Chairman, members of the Board. My name is Tom Clark. I'm honored to represent the APTA Nevada Association and work with them. You've got a stellar team in Tri-Strategies, and we look forward to working the Eddie, Paul, and their team to promote, advocate, and defend this important industry. We'll be working very closely with your team and keeping an eye on the issues that come forward as Ms. Priestman stated. Thank you.

B. Advisory Committee on Continuing Competency (ACCC) Review, Discussion, and Possible Approval of Advisory Committee Course Review and Approval Process Changes.

- i. Member McDade, ACCC Liaison, presented proposed changes for an administrative review and approval process for course applications that are four (4) credits or less, and an approved provider plan that streamlines the course submission and approval process for recognized providers of continuing education courses and allows for random audits of approved providers.

Motion: Motion to accept the proposed policy to move forward with a preferred provider plan and an administrative approval process for course applications that are less than four credits.

Second: Member Wagner

Motion Passes Unanimously

C. Government Relations

- i. Tri-Strategies
- PT Compact Discussion
 - Discussion on State Boards and Commissions Consolidation Efforts.

Paul Klein, Tri-Strategies.

- A) PT Compact. We are pursuing the PT Compact again during the 2025 legislative session. The 2023 legislative session chair of the Assembly Committee on Commerce and Labor Assemblymember, Elaine Marzola, has agreed to sponsor the bill. This is fantastic and looks to do well

with support from the public comments, and the Association.

- B) Board Consolidation Efforts: As we discussed in previous board meetings, Dr. Sanchez and Mrs Haig, from the Department of Business and Industry, are developing a proposal aimed at reforming Nevada's Boards and Commissions. The specific language for this proposal has not been released, as it's currently being reviewed by the Legislative Counsel Bureau. However, we met with them, and we have learned a few things that the bill seeks to do. For example, it does seek to reduce the number of Nevada's licensing boards from 37 down to 18, we do hope to get an official executive summary and policy memo. Within the month. The initial draft of the bill proposes merging the Physical Therapy Board with the Board of Occupational Therapy, the Massage Therapy Board, the Chiropractor Physicians Board, and the Athletic Trainers Board into what they're calling a Healing and Rehabilitation Board. That may not be the exact title, but that's what I have noted from the meeting. This board would consist of 11 members distributed equally among the professions it represents. For example, there would be 2 PTs, 2 massage therapists, 2 chiropractors, 2 OTs. An athletic trainer, one practicing health professional, and then 2 members at large. If approved, this proposal would have to go through the entire legislative process. They say the implementation would take about 2 years. So where we're at right now while we await the final language? As of right now, this is just a proposal. It's just an idea at the table. They're soliciting feedback. But while we await the final formal language, the department will be meeting with Chair Lehman and Vice Chair Mcdade to provide feedback and some of the public comment letters that were read here today. That's an opportunity to provide feedback and solicit more information. The Department of Business and Industry has created a website. I'll send the link where they're going to put updates on this effort to reform boards and commissions.

D. Discussion on Board Priorities and Action Items

- i. Disability Placard
- ii. Imaging
- iii. PT Animal Therapy CCUs

Motion: I motion that we approve five (5) hours of non-clinical coursework in courses approved by the Nevada Veterinary Board

for license renewal for licensees practicing animal physical therapy;
Member Laymon

Second: Member McDade

Motion Passes Unanimously

E. Utilization of Unlicensed Personnel

Motion: I make a motion to agendize a discussion for possible action regarding the use of PT technicians in our Practice Act and allow for public comment during the discussion, at our next board meeting.

Second: Member Wagner

All in Favor: Member Laymon; Member McDade; Member Wagner;
Member Indrieri

Opposed: Member Hillegass

Motion Passes

F. NVPTB Legal Counsel

- i. Board Member Overview: Roles, Responsibilities, Training Opportunities & Open Meeting Law
Deputy Attorney General Ostunio provided an overview to the Board.

Item 5. Board Disciplinary Matters (For Possible Action).

- A. The Board will hold formal hearings wherein it may impose disciplinary action or accept a stipulated settlement agreement, if one is presented, in the following case:
1. Proposed Settlement Agreement: Case #2023-21, Melissa Guanga, PT, License #4840.
 2. Proposed Settlement Agreement: Case #2023-17, Resel Reyes, PT, License #0677
 3. Proposed Settlement Agreement: Case 2024-06, Jasfer Flordeliz, PT, License #5044.

Motion: I motion that we accept a settlement agreement on Case #2023-21, Melissa Guanga, PT, License #48480; Case #2023-17, Resel Reyes, PT, License #0677; and accept the proposed settlement agreement for Case #2024-06, Jasfer Flordeliz, PT, License #5044;
Member Laymon.

Second: Member McDade

Motion Passes Unanimously

- B. Recommendation for Case Dismissal. The Board will review and possibly approve action regarding the dismissal of the following cases:
1. Case 2024-11
 2. Case 2024-13

Motion: I motion that we dismiss these cases as recommended;
Member Laymon

Second: Member McDade
Motion Passes Unanimously

Item 6. **Consent Agenda Items** *(For Possible Action)*. *These items are being presented as a consent agenda; the Board members review the consent agenda items ahead of the meeting and will adopt the items as a single motion unless specific items are flagged for discussion and/or individual motion.*

- A. Board Operations Report.
- B. Board Meeting Minutes, Draft – September 27, 2024.
- C. Ratification of PT/PTA Licenses approved September – October 2024.
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.

Director Harvey presented an update on Board financials and operations, including the following statistics.

- 324 new licenses were issued in 2024.
- 50 new PT licenses and 14 PTA licenses were issued during the period Sep – Oct 2024.
- 353 NV Jurisprudence exams were administered in 2024, with an average duration of 42 minutes.
- 157 licensees are registered as military, veterans, and/or spouses.
- Board staff has completed the implementation of a new NV JAM that will be administered through the license renewal portal beginning January 1, 2025.
- The ACCC reviewed approximately 1,300 continuing competency course applications in 2024, approving 98% of the applications.
- The Board’s Case Management Team consisting of the Executive Director, the Board Investigator, and the Deputy Attorney General is managing 22 active complaints. 20 investigations have been completed, and the cases are in various stages of review and resolution.

Motion: Motion that we accept the Board Operations Report, the September 27, 2024 Meeting Minutes, and the ratifications for PT and PTA licenses; Member Layman

Second: Member McDade
Motion Passes Unanimously

Item 7. **Board General Discussion & Action Items** *(For Possible Action)*.

- A. Open Roundtable.
- B. Selection of Board Meeting Dates for 2025 (i.e., Days, Dates & Times).

Motion: Motion to approve the following board meeting dates for 2025;

Member McDade

- January 24th
- March 15th
- May 10th
- July 25th
- September 27th
- November 15th

Second: Member Wagner

Motion Passes Unanimously

Item 8. Report from Board Chair and Members (*Informational Only*).

Member McDade discussed the 2024 FSBPT Annual Meeting, which she attended along with Director Harvey and Investigator Dieter. Member McDade provided an overview of FSBPT and the opportunities for each Board member to participate, network, learn, and share information about issues impacting their jurisdiction.

Item 9. Future Agenda Items (*Informational Only*).

- Extending the licensure period from one to two years
- Board Consolidation
- PT Supervision ratios (PTAs and PT Techs)
- Defining what PT Techs can and cannot do.
- Disability Placards
- Imaging
- Finger Sticks
- Practice Act Issues/Possible additional changes to the Practice Act and how it is worded.
- Discussion on non-PT-owned clinics (Corporate ownership of physical therapy clinics)
- Workforce Data
- Board Retreat

Item 10. Public Comment

None.

Item 11. Adjournment

The meeting adjourned at 1:10 pm.

Re: Nevada Physical Therapy Board - January 2025 Newsletter

From Andrew Reed <drewpttx@yahoo.com>

Date Mon 1/6/2025 10:28 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.

Thank you for the very thorough explanation. I obviously missed the public discussions as this is the first time I heard of this. Sadly, a lot of time and energy wasted on DEI as it promotes racism and does zero to improve physical therapy profession and explicitly promotes division and racism. I've always been taught to judge one's character, integrity and skill level. By creating another requirement for licensing which is not needed, is cumbersome and adds to the cost of renewal. Are these courses provided free by the Nevada Board? FYI many corporations are doing away with DEI as it promotes incompetence and racism. Appreciate your feedback and again, thank you for your thorough and timely response. Do you know what the cost is for the DEI course requirement? Thanks again Charles.

Andrew Reed, PT

Sent from my iPhone

On Jan 6, 2025, at 11:35 AM, Charles Harvey <pted@govmail.state.nv.us> wrote:

Dear Andrew,

Thank you for reaching out with your thoughts regarding the Diversity, Equity, and Inclusion (DEI) initiative. I appreciate the opportunity to discuss this requirement with you. I understand that you may have concerns about these programs, particularly regarding the belief that they may be divisive or discriminatory.

As you may know, DEI initiatives in Nevada have been guided by Governor Joe Lombardo's administration, aiming to create a more inclusive environment where all individuals, regardless of their race, gender, or background, have equal access to opportunities. It's important to recognize that the continuing competency requirement that went into effect on January 1, 2025, includes one hour of training that covers topics such as cultural awareness, access, and ethical standards. The initiative is not intended to create division or prioritize one group over another; rather it seeks to improve patient outcomes and promote better healthcare access.

The courses in this area may be related to:

- Ethics
- Bias (Implicit/Explicit)
- Gender/ Sexuality
- Culture • Race
- Spiritual Beliefs
- Ageism

- Bias related to the ICF model.

The Nevada Physical Therapy Board is aware that many employers provide cultural competency (DEI) related courses, so the Board also approved these activities to satisfy the one-hour renewal requirement.

I also want to address your question of who voted for this initiative and whether it is too late for discussion. In 2024, the NVPTB completed a multi-year rulemaking process in which they solicited comments and participation from licensees and stakeholders. In Nevada, the administrative rulemaking process for boards to change regulations involves a series of steps aimed at ensuring transparency, public input, and legal compliance.

First, a board or agency must propose a regulation, usually initiated in response to a need for clarification, policy changes, or compliance with new state or federal laws. Once a proposed regulation is drafted, the board submits it to the Legislative Counsel Bureau (LCB) for review to ensure it aligns with existing statutes and legal frameworks. Next, a public notice is issued, providing stakeholders with information about the proposed changes, the rationale behind them, and instructions on how to submit comments. The NVPTB held multiple public hearings, where interested parties could voice their opinions, suggest revisions, and express concerns. After each public comment period, the board considered the feedback received and approved changes to Chapter 640 of the Nevada Administrative Code, which included the new requirement for one hour of continuing education in an area related to diversity, equity, inclusion, or justice. The final version of the regulation was then submitted to the Legislative Commission, which reviewed the proposed rules to ensure they met the legal requirements. Upon approval, the regulation was filed with the Secretary of State and became law. This process ensures that changes to regulations are made in an open, accountable, and consistent manner, with opportunities for public participation and legal scrutiny.

I welcome further discussion on this topic and would be happy to answer any additional questions you may have. Your thoughts are valuable, and I believe that continued dialogue is essential for understanding and addressing concerns from all sides of the issue.

Thank you for your engagement, and I look forward to continuing this important conversation.

Best regards,

Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

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

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From: Andrew Reed <drewpttx@yahoo.com>

Sent: Saturday, January 4, 2025 3:56 PM

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

Subject: Re: Nevada Physical Therapy Board - January 2025 Newsletter

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

Dear Charles, you appear to be doing a great job at the Nevada PT Board. I have had the pleasure of speaking with you a few years ago and was very impressed with your dedication and leadership skills. However, who voted for this DEI mandatory training to renew our licensure?? DEI is adherently racist and no one should be promoted based on skin color, but on their merits and skills! Is it too late to change this? Who voted for this? Was it only the board, or was there a public meeting prior to enacting this mandatory course requirement? Appreciate all you do and look forward to your response. Thank you!

Andrew Reed, PT

Sent from my iPhone

On Jan 3, 2025, at 5:54 PM, Charles Harvey <pted@govmail.state.nv.us> wrote:

Dear Nevada Physical Therapy Community,

Happy New Year and welcome to 2025! We hope this message finds you well and rejuvenated after the holiday season. As we step into the new year, I am excited to share the latest updates and important information in our January 2025 newsletter.

Please find the attached newsletter, which includes key developments, upcoming events, and important reminders. We look forward to working together in the year ahead and continuing to support the growth and excellence of physical therapy in Nevada.

Warm regards,

Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

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

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<NVPTB January 2025 Newsletter.pdf>

Re: FYI

From Andrew Reed <drewpttx@yahoo.com>

Date Tue 1/7/2025 9:19 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.

Thank you! Will try and attend with Zoom. Appreciate your support! Andrew Reed, PT
Sent from my iPhone

On Jan 7, 2025, at 10:29 AM, Charles Harvey <pted@govmail.state.nv.us> wrote:

Thank you for taking the time to share your thoughts. I will ensure that your feedback is passed along to the Board for consideration. If you have any additional insights or suggestions, please feel free to share them with us. You may also wish to attend the next Board meeting on January 24th to provide direct feedback during the public comment section of the agenda. I have provided the meeting information below. Your input is important to us as we strive to create an inclusive and supportive environment for everyone.

Topic: Nevada Physical Therapy Board meeting.

Date/Time: Jan 24, 2025, 09:00 AM Pacific Time

Join Zoom Meeting

<https://us06web.zoom.us/j/88992082515?pwd=B4rSFBMLxJtkaGTYu5EAI9m5rVO2dJ.1>

Meeting ID: 889 9208 2515

Passcode: 740587

One tap mobile

1 (669) 444-9171

Thank you again for reaching out.

Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

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

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you may not use, copy, disclose or distribute to anyone this message or any information contained in or with this message. If you have received this message in error, please advise me immediately by reply email and delete this message.

From: Andrew Reed <drewpttx@yahoo.com>
Sent: Monday, January 6, 2025 9:03 PM
To: Charles Harvey <pted@govmail.state.nv.us>
Subject: FYI

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

McDonald's is the latest company to roll back diversity goals



Nevada Physical Therapy Board - - Legislative Update

From jimmckpt@aol.com <jimmckpt@aol.com>

Date Fri 11/29/2024 10:46 AM

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

 1 attachment (897 KB)

SB78 As-introduced.pdf;

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

Hello Charles,

Here are my thoughts:

Here are counterarguments to the claims made in support of consolidating the healthcare boards in Nevada through SB78:

1. Increased Accountability and Transparency

Counterargument: While consolidating boards aims to increase accountability and transparency, a one-size-fits-all approach may overlook the unique needs and nuances of each profession. Specialized boards have the expertise to develop and enforce tailored regulations and practices that best serve their respective professions. Consolidation could dilute accountability by creating a larger, more bureaucratic body that may not effectively address specific issues within each discipline, ultimately making oversight less focused and potentially less transparent.

2. Empowering the Executive and Legislative Branches

Counterargument: Empowering the executive and legislative branches through consolidation might centralize decision-making and diminish individual professions' voices. Each board has representatives who understand the intricacies of their field, and their input is essential for crafting effective policies. A consolidated board may not represent the interests of all professions equally, leading to decisions that benefit some practitioners while neglecting the distinct needs of others.

3. Enhancing Operations and Reducing Redundancy

Counterargument: While the intention to enhance operations and reduce redundancy is commendable, different health professions have unique operating procedures, standards of care, and regulatory needs. What may appear to be redundancy could actually be a necessary specialization that ensures high standards of practice. Eliminating separate boards may lead to operational inefficiencies as professionals may need help in compliance with an overly generalized system that does not cater to specific occupational regulations.

4. Reducing Administrative Cost Burdens on Licensees

Counterargument: Although consolidating boards might reduce some administrative costs, it could inadvertently impose new costs on licensees due to increased complexity in the licensing process. A lack of focused oversight could result in delays in processing complaints or licenses, ultimately leading practitioners to incur expenses while waiting for resolutions or re-licensing approvals. Moreover, the process of transitioning responsibilities may come with its own set of costs, both financial and operational.

5. Providing Excellent Service Delivery

Counterargument: Consolidating boards may hinder the quality of service delivery. With each profession requiring specialized knowledge, a single governing body might struggle to provide the same level of service that multiple specialized boards can offer. Practitioners may face longer wait times and less personalized service when dealing with issues specific to their field, diminishing the effectiveness of the support and resources they receive.

6. Enhancing Nevada's Economic Competitiveness

Counterargument: While the goal is to enhance economic competitiveness, the regulatory environment should not come at the expense of professional standards and public safety. The diverse healthcare fields rely on tailored regulations that ensure practitioners are well-prepared to serve the public. If consolidation leads to less effective oversight, it could negatively impact the quality of care provided, which in turn may deter patients and stakeholders from choosing Nevada for healthcare services.

7. Specialized Expertise in Investigations

Counterargument: Each profession has its own specific laws, regulations, and standards shaped by its unique practices and ethical considerations. By consolidating the boards, the nuanced understanding required to investigate complaints thoroughly and fairly may be lost. Investigators from a single consolidated board may lack the specialized knowledge needed to differentiate between compliant and non-compliant behaviors across various healthcare practices, potentially leading to misinformed or inadequate investigations.

8. Increased Risk of Mismanagement

Counterargument: The risk of mismanagement or mishandling complaints could rise with a single board overseeing multiple disciplines. Each profession has different parameters for acceptable practice, and a generalized approach to regulatory oversight can lead to errors in judgment. This mismanagement could result in unresolved complaints or inappropriate responses, undermining the integrity of the investigative process.

9. Complexity of Inter-Professional Issues

Counterargument: Professional complaints often involve complex interrelations between different fields—e.g., the treatment provided by a chiropractor may overlap with that of a physical therapist. A consolidated board may struggle to navigate these inter-professional dynamics, hindering the ability to conduct comprehensive investigations. Specialized boards possess the requisite contextual understanding to make informed decisions regarding complaints that involve multiple professions.

10. Potential Delay in Investigation Processes

Counterargument: A single board might face increased administrative burdens and slower response times due to the larger volume and variety of complaints. This could delay investigations, leaving individuals with pending complaints in limbo and potentially impacting their livelihoods. A lack of prompt action could perpetuate issues within the professions that need timely intervention.

11. Lack of Individual Accountability

Counterargument: Each board is structured to hold its respective professionals accountable based on standards that are tailored to their practice. A consolidated board may dilute this accountability, making it more challenging to pursue specific violations effectively. Responding to a complaint with a generalized oversight might leave practitioners insufficiently scrutinized, thereby compromising public trust in those professions.

12. Diminishing Focus on Professional Development

Counterargument: By merging boards, there may be a tendency to minimize the focus on continuing education and training that is tailored to each profession. This could impact investigators' understanding of evolving practices, trends, and regulatory changes. Without specialized training opportunities and involvement, the board may be less equipped to effectively manage cases involving professional standards, further complicating the investigative process.

13. Misunderstanding of Licensing Roles

Counterargument: It's important to clarify that individual professional colleges, accrediting bodies for those colleges, as well as national licensing exams, play crucial roles in determining who is qualified to practice. The boards primarily function as regulators, ensuring compliance with established standards and responding to complaints. Consolidating these boards will not change the fact that entry into the profession hinges on educational qualifications and successful completion of licensing exams. Therefore, the notion that consolidation will simplify access to the profession is misleading.

14. Overgeneralization of Regulatory Functions

Counterargument: Each profession has distinct requirements and criteria for practice, tailored to the specific skills and competencies needed in that field. A consolidated board may adopt a more generalized approach that may not serve the needs of all professions effectively. This could potentially lead to a lower bar for entry or an inadequate vetting process that fails to differentiate between applicants' suitability across diverse contexts.

15. Impaired Screening of Practitioners

Counterargument: State board reviews serve a critical function in screening individuals before they practice, ensuring that only qualified candidates are licensed. A consolidated board may lack the depth of scrutiny that each specialized board possesses about the specific qualifications and ethical standards unique to that profession. This can lead to inadequate evaluation processes, allowing less qualified individuals to enter the profession.

16. Inconsistent Standards and Accountability

Counterargument: Consolidating multiple boards may dilute the commitment to maintaining high standards within each profession. Individual boards are specifically focused on upholding the standards particular to their field, conducting thorough investigations, and developing criteria for best practices. A single board overseeing multiple professions may struggle to enforce the same level of accountability and rigor across all areas, potentially permitting unqualified or poorly trained individuals to practice, thereby risking patient safety.

17. Increased Risk of Regulatory Confusion

Counterargument: A consolidated board may create confusion among aspiring practitioners about the qualifications and standards they must meet to enter a specific field. This can lead to misalignment between educational programs and regulatory expectations, potentially resulting in graduates who are ill-prepared for practice. Maintaining separate boards allows for clear communication of expectations and standards for each profession, fostering a more transparent pathway for prospective healthcare practitioners.

18. Deterioration of Professional Identity

Counterargument: Each healthcare profession has its own unique identity, culture, and set of values that impact how practitioners approach their work and interact with patients. A consolidated board risks undermining these identities, leading to a lack of pride and commitment among practitioners. When professionals feel disconnected from their regulatory body, it can negatively affect their motivation to uphold the highest standards of care and professionalism.

Conclusion

Consolidating healthcare boards may seem beneficial in terms of efficiency and cost-saving, but it is essential to consider the risks associated with losing specialization, potential impacts on service delivery, and the nuances of each profession. Each board has evolved to meet the specific needs of its practitioners and the public they serve, and any changes should carefully weigh the balance between administrative efficiency and maintaining high professional standards.

Re: Nevada Physical Therapy Board - - Legislative Update

From Noelle Madraso, PT <noellemadrasopt@gmail.com>

Date Sat 11/30/2024 11:05 AM

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

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Hi Charles. I guess the concern I would have would be the ability of a single board to represent the many sides fairly, specifically the right of Physical Therapists to perform Dry Needling. We know that in the states where the Acupuncture Boards are very strong by numbers and financially, especially California, PTs have still not been able to gain this right of practice. As Nevada is so heavily influenced by the politics of California, do you see any way that that could ever be reversed?. It seems like a conflict of interest for all the boards. Thank you.

Noelle Madraso, PT
Reno, NV

On Wed, Nov 27, 2024, 12:46 PM Charles Harvey <pted@govmail.state.nv.us> wrote:

Dear Licensee,

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As a healthcare practitioner dedicated to providing quality care, it is crucial to stay informed about these legislative changes, as they may affect your professional responsibilities, licensure requirements, and the overall functioning of the profession. We encourage you to engage in the legislative process and consider voicing your concerns about the bill. Further updates, including opportunities for public comment or involvement in advocacy efforts, will be shared as they become available. Additional information may also be found on the B&I Boards and Commissions website:

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Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

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

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Re: Nevada Physical Therapy Board - - Legislative Update

From Jason Willette <jockdr@yahoo.com>
Date Sat 11/30/2024 3:52 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.

Charles,

I understand what they are doing. I could see if they maybe lumped PT, OT and Chiropractor medicine together..... but the others I don't get. The above 3 tend to be more medically driven I.e. outpatient clinics, SNF/LTAC and hospitals where the others are not. Even the Chiropractor is somewhat iffy.

Jason Willette

On Nov 27, 2024, at 12:52, Charles Harvey <pted@govmail.state.nv.us> wrote:

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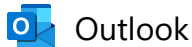
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Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board
Telephone: (702) 876-5535 | Fax: (702) 876-2097

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<SB78 As-introduced.pdf>



Re: Nevada Physical Therapy Board - - Legislative Update

From Robbin Hickman <seedlings.therapy.nv@gmail.com>

Date Sun 12/1/2024 7:25 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.

Thank you for the information, Charles. I am wondering what the board's position on this change would be? On the surface, it does not seem advantageous for the professions as everyone would be advocating for their own best interests, but would likely save the state administrative monies. Is that accurate?

Thank you,
Robbin Hickman

On Wed, Nov 27, 2024 at 12:42 PM Charles Harvey <pted@govmail.state.nv.us> wrote:

Dear Licensee,

I hope this message finds you well. I am writing to inform you about an important development in state legislation that may impact your practice and the healthcare community as a whole. A new bill has been introduced in the state legislature that seeks to consolidate multiple healthcare-related boards, including the Physical Therapy Board. This proposed consolidation could significantly affect the structure, regulation, and operation of physical therapy licensure and other related matters in the State of Nevada.

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Charles D. Harvey, MPA

Executive Director | Nevada Physical Therapy Board

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

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Re: Nevada Physical Therapy Board - - Legislative Update

From Jade Elkind <jade.elkind@gmail.com>

Date Mon 12/2/2024 8:41 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,

Thank you for sending out that information.

I am concerned over the merging of the professions and how that is going to affect what is allowed within our scope of practice. Let's be real... a lot of chiro and PTs butt heads over PTs performing manipulations. Massage therapists don't like PTs doing manual therapy. On the other hand, PTs don't like chiro giving out exercises. I think you get my drift.

Is merging these boards going to narrow what we can do within our scope? Egos and politics should NOT be involved in helping the patient in front of us but I can see a lot of bickering over who is allowed to do what. Why? Because that's how people can be.

Thank you for your time. Where else can we voice our concerns?

Jade Elkind, PT, DPT, MFDc, cert DN

Owner

Clinch Performance and Recovery, LLC

clinchperformanceandrecovery.com

On Wed, Nov 27, 2024 at 12:46 Charles Harvey <pted@govmail.state.nv.us> wrote:

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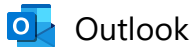
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RE: Nevada Physical Therapy Board - - Legislative Update

From Humble, Kerrie <Kerrie.Humble@uhsinc.com>

Date Tue 12/3/2024 12:39 PM

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

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Does the board have an official stance on this proposal yet?

Kerrie L. Humble, PT
Administrative Director,
Therapy Services and Outpatient Clinics

Summerlin Hospital Medical Center
Summerlin Children's Medical Center
657 Town Center Drive
Las Vegas, NV 89144

Tel: 702-233-7937
Fax: 702-233-7945

From: Charles Harvey <pted@govmail.state.nv.us>
Sent: Wednesday, November 27, 2024 12:42 PM
To: Charles Harvey <pted@govmail.state.nv.us>
Subject: [EXTERNAL] Nevada Physical Therapy Board - - Legislative Update

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