|            | LEGISLATIVE ACTION |       |
|------------|--------------------|-------|
| Senate     |                    | House |
| Comm: RCS  |                    |       |
| 01/21/2020 |                    |       |
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|            |                    |       |

The Committee on Health Policy (Albritton) recommended the following:

## Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsections (10) and (11) of section 486.021, Florida Statutes, are amended, and subsections (12) and (13) are added to that section, to read:

486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:

(10) "Physical therapy assessment" means observational,

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verbal, or manual determinations of the function of the movement musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, motor control, posture postural attitudes, biomechanical function, locomotion, or functional abilities, for the purpose of physical therapy making recommendations for treatment.

(11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health condition of health, and the rehabilitation of such disability, injury, disease, or other health condition as related thereto by alleviating impairments, functional limitations, and disabilities by designing, implementing, and modifying treatment interventions through therapeutic exercise; functional training in self-care and in-home, community, or work integration or reintegration; manual therapy; therapeutic massage; airway clearance techniques; maintaining and restoring the integumentary system and wound care; physical agent or modality; mechanical or electrotherapeutic modality; patientrelated instruction the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of such treatment, prevention, or rehabilitation the foregoing or

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related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

- (a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an advanced practice registered nurse licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 days for a condition not previously assessed by a practitioner of record, the physical therapist shall have a practitioner of record review and sign the plan. The requirement that a physical therapist have a practitioner of record review and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.
- (b) The use of roentgen rays and radium for diagnostic and therapeutic purposes and the use of electricity for surgical purposes, including cauterization, are not "physical therapy"



for purposes of this chapter.

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- (c) The practice of physical therapy does not authorize a physical therapy practitioner to practice chiropractic medicine as defined in chapter 460, including specific spinal manipulation. For the performance of specific chiropractic spinal manipulation, a physical therapist shall refer the patient to a health care practitioner licensed under chapter 460.
- (d) This subsection does not authorize a physical therapist to implement a plan of treatment for a patient currently being treated in a facility licensed pursuant to chapter 395.
- (12) "Dry needling" means a skilled technique based on western medical concepts using apparatus or equipment of filiform needles to stimulate a myofascial trigger point for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disabilities.
- (13) "Myofascial trigger point" means an irritable section of the tissue often associated with palpable taut bands of muscle fibers.

Section 2. Section 486.025, Florida Statutes, is amended to read:

486.025 Powers and duties of the Board of Physical Therapy Practice.-

(1) The board may administer oaths, summon witnesses, take testimony in all matters relating to its duties under this chapter, establish or modify minimum standards of practice of physical therapy as defined in s. 486.021, including, without limitation, standards of practice for the performance of dry needling by physical therapists, and adopt rules pursuant to ss.

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120.536(1) and 120.54 to implement the provisions of this chapter. The board may also review the standing and reputability of any school or college offering courses in physical therapy and whether the courses of such school or college in physical therapy meet the standards established by the appropriate accrediting agency referred to in s. 486.031(3)(a). In determining the standing and reputability of any such school and whether the school and courses meet such standards, the board may investigate and personally inspect the school and courses make personal inspection of the same.

- (2) The board shall establish minimum standards of practice for the performance of dry needling by physical therapists, to include, at a minimum, all of the following:
- (a) Completion of 2 years of licensed practice as a physical therapist.
- (b) Completion of 50 hours of face-to-face continuing education from an entity accredited in accordance with s. 486.109 on the topic of dry needling which must include a determination by the physical therapist instructor that the physical therapist demonstrates the requisite psychomotor skills to safely perform dry needling. The continuing education must include instruction on all of the following areas:
  - 1. Theory of dry needling.
- 2. Selection and safe handling of needles and other apparatus and equipment used in dry needling, including instruction on the proper handling of biohazardous waste.
  - 3. Indications and contraindications for dry needling.
  - 4. Psychomotor skills needed to perform dry needling.
  - 5. Postintervention care, including adverse responses,



| 127 | adverse event recordkeeping, and any reporting obligations.      |  |
|-----|--|--|
| 128 | (c)1. Completion of 25 patient sessions of dry needling          |  |
| 129 | performed under the indirect supervision of a physical therapist |  |
| 130 | who holds an active license to practice physical therapy in any  |  |
| 131 | state or the District of Columbia and who has actively practiced |  |
| 132 | dry needling for at least 1 year; or                             |  |
| 133 | 2. Completion of 25 patient sessions of dry needling             |  |
| 134 | performed as a physical therapist licensed in another state or   |  |
| 135 | in the United States Armed Forces.                               |  |
| 136 | (d) A requirement that dry needling may not be performed         |  |
| 137 | without patient consent and must be a part of a patient's        |  |
| 138 | documented plan of care.   |  |
| 139 | (e) A requirement that dry needling may not be delegated to      |  |
| 140 | any person other than a physical therapist who is authorized to  |  |
| 141 | engage in dry needling under this chapter.                       |  |
| 142 | (3) The performance of dry needling in the practice of           |  |
| 143 | physical therapy may not be construed to limit the scope of      |  |
| 144 | practice of other licensed health care practitioners not         |  |
| 145 | governed by this chapter.  |  |
| 146 | Section 3. This act shall take effect July 1, 2020.              |  |
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| 148 | ========= T I T L E A M E N D M E N T ==========                 |  |
| 149 | And the title is amended as follows:                             |  |
| 150 | Delete everything before the enacting clause                     |  |
| 151 | and insert:  |  |
| 152 | A bill to be entitled  |  |
| 153 | An act relating to physical therapy practice; amending           |  |
| 154 | s. 486.021, F.S.; revising and defining terms;                   |  |
| 155 | amending s. 486.025, F.S.; revising the powers and               |  |



| duties of the Board of Physical Therapy Practice;      |
|--|
| requiring the board to establish minimum standards of  |
| practice for the performance of dry needling by        |
| physical therapists; providing construction; providing |
| an effective date.                                     |