

President's Message

As we start the New Year, the LPTA Board has just completed our 2019 planning retreat. We are focusing on several topics this coming year. Under review is the format for our Spring and Fall Conferences, producing on-line courses, alternative education methods, formatting our district meetings, and membership. Discussions continue on a regular basis on payment issues, advocacy and legislative actions. Our payment chair, Katie Brittain continues to evaluate the changes in insurance benefits such as limiting visits, increasing denials, increasing co-pays and other barriers to therapy. Representatives of LPTA, GA and AL association, and APTA recently met with American Specialty Health (ASH) who will be managing Cigna insurance plans here in LA starting in April 1, 2019. Please see the articles in this bulletin for further discussion concerning our meeting, and I encourage everyone to do your research before signing any contract with a payer source. The LPTA continues to help with education member to navigate MIPS reporting for Medicare plans. We continue to participate on the worker compensation guidelines and payment schedules. The APTA/LPTA continues to advocate for physical therapy to address the opioid/drug epidemic, early intervention for pain and in treating chronic pain clients. Discussions continue on the role of physical therapists being the forefront of health care as primary care specialist and population health. The LPTA has been more involved within our state by sitting at table with payers, state agency work groups, and in our local communities. Please look for opportunities to sit on committees were physical therapist can contribute to population health, injury prevention, addressing prevention of diseases, schools, and community health issues.

What is coming up? The sports symposium (our spring meeting) is shaping up well to be another great event. We are planning our Student Conclave on that Friday after, and there is still time for you to help our students by being a sponsor. PT Day at the Capital will be May 9th. At our fall meeting, we will have a celebration of 50 year anniversary of the PTAs being part of the APTA. We will be introducing "APTA Engage" this summer. Engage is a volunteer database that members can 1) add their own information concerning volunteerism, and 2) can apply for positions on a Chapter, Section, or National level. Members will enter the subject-areas they may want to volunteer in, how many hours they can commit, their specialties, and several other factors. This is a great way to match member's availability and interest to the needs of the associations.

As you can tell, the association remains very busy for our members and the profession. Membership is vital to the progression of our profession. The value of being a member has monetary benefits and more important, a sense of identity. Being a member means you belong to one of the most powerful professional medical associations in the nation, that you take ownership for your profession both on a state and national level, that resources are available to you from some of the brightest minds in our field, and through involvement you can directly contribute to areas of our profession that you truly enjoy. Be proud of your membership! I ask you to remain involved through your membership, and to seek out those who are not members. Only by working together can we ensure our profession will continue to grow and prosper. I look forward to seeing everyone soon at our spring meeting.



Respectfully submitted by:
Joe Shine, PT, DPT
LPTA President

INSIDE THIS ISSUE

President's Message	1
Board of Directors	2
Upcoming Events	3
District/Component News	4
Committee Reports	5-11

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LPTA MEMBERSHIP

Updated January 2019

Please continue to encourage your fellow PTs, PTAs and students to join or renew their APTA/LPTA membership!

PTs	796
PTAs	123
Students	316
Total	1,235

Submissions

We welcome anyone to contribute to the Bayou Bulletin.

If you would like to advertise, report, or share experiences with your fellow LPTA members, please see below for Publisher contact information.

If you are interested in receiving your Bulletin in *full color* by email, please reply to the office (office@LPTA.org) with the Subject line "Opting Out." Make sure you include your name, member number and a contact number in case we need clarification. Join us in "Opting Out!"

Bayou Bulletin Publisher Information

The *Bayou Bulletin* is published four times a year by the LPTA. Copy and advertising inquiries should be directed to LPTA. Advertising rate sheets and deadlines for each issue are available upon request.

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March 22-24, 2019

LPTA Spring Meeting
Lafayette, LA

May 9, 2019

Day at Capital
Baton Rouge, LA

June 12-15, 2019

NEXT Conference
Chicago, IL

August 23-25 2019

LPTA Fall Meeting
Baton Rouge, LA

October 31 - November 2, 2019

National Student Conclave
Albuquerque, NM

February 12-15, 2020

Combined Sections Meeting
Denver, CO



Dave Pariser Memorial Scholarship Fund

To make an online contribution to the Scholarship fund, go to the Foundation website and at the top right hand side of the page, there is purple box with the words “Donate Now”. Choose the amount of the donation and choose the designated fund, the Dave Pariser Memorial Scholarship Fund.

<http://www.lsuhealthfoundation.org/>

Or you can mail to the Dave Pariser Memorial Scholarship Fund:

The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112

District and Component News



Blair T. Duthu, PT, Houma District Chair

Happy New Year!! Do you have questions regarding the future of reimbursement for PT services? Do you have questions regarding what the APTA does for our profession? Attend one of our Houma District events and I will fill you in! APTA members and non-members are encouraged to attend our meetings and events. We all have similar questions and concerns and this is a great opportunity to discuss what is going on locally and nationally.

Spring Houma District Meeting
Thursday, April 4th 6:00pm
Location TBD

Fall Houma District Meeting
Thursday, September 12th 6:00pm
Location TBD

Fall Prevention Day - Multidisciplinary Event to education the public on fall predation
Thursday, September 26th 1:00pm-3:00pm
Location: The Claiborne at Thibodaux

Please contact me with any questions or concerns at 985-381-2927 or blair.duthu@rehabcare.com

Kassy Zerangue, PT, DPT, Lafayette District Chair



The Lafayette District's last district meeting was successful! Mark Milligan PT, DPT, Cert TPS, OCS, FAAOMPT astounded people with his course on Telehealth in the physical therapy world. Our next meeting and subsequent PT pub night will be held on February 20th at the Lafayette Public Library (West Congress Street), bar to be determined. Dr. Stephanie Aldret, DO and board-certified specialist in non-surgical orthopedic sports medicine, will be giving a talk on concussions which can be applied across multiple settings. More information to be posted on the LPTA Facebook page closer to the event date. If you would like this information emailed to you, please contact me at kzerang16@gmail.com

Matthew Powers, PT, DPT, New Orleans District Chair



"I hope everyone had a good holiday season. We will begin PT pub nights and the Spring district meeting after the Spring Symposium. I look forward to seeing everyone at the Symposium! Be on the lookout for date announcements for the coming pub nights and district meeting."

Rebecca Troulliet, PT, DPT Northshore District Chair



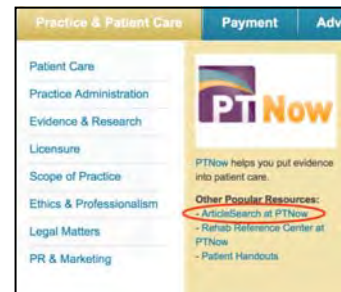
Northshore members, get geared up for 2019! Our district plans to have 3 meetings this year with free CEUs. With the first meeting in the works for February/March 2019. Stayed tuned via Facebook and email for the most recent updates regarding our district meetings. For your convenience you will now also be receiving email reminders the month before and month of your APTA/LPTA renewal so you don't miss out on any of the action from the LPTA. Lastly, our district plans to resume member spotlights to highlight the awesome members we have in our district. Please submit nominations via email to rebecca.troulliet@gmail.com to highlight your co-workers.

Membership Committee Report

Maximize your APTA Membership!

How do I access research on the APTA's website?

- Once you are logged in, you will see a section titled, "Practice and Patient Care"
- Hover your mouse over that title and you will be prompted with this screen:
- Select "ArticleSearch at PTNow"
- It will bring you to a page where you can select which Database you would like to choose. If you are unsure you can simply select "Search Across all available ArticleSearch Databases" and the following screen will appear:
- Here you can search for research by either: Keyword, Title, or Author. Once you type your designated word or phrase in the box click "Search" and your results will pop up.
- If you would like a more specific search you can click on "Advanced Search" and customize your search settings as you prefer.



I hope this was helpful! If you have any questions about this or would like to know more about what else your membership can do for you please don't hesitate to reach out to me.



Caroline Denison, PT, DPT
Membership Committee Chair

Nominations Committee Report

We found you! You're the ones! You're the people we need to fill the following positions:

- Vice President
- Treasurer
- Delegate

There's a misconception that agreeing to serve requires a lot of time. It doesn't! Just ask me or any of the other board members and they'll tell you all about it!

And as always, we would love to have more members get involved (and we *need* to have more members involved) with the various committees and districts that comprise our great association! The level of involvement and commitment is very individualized and flexible! Oh, and mentorship is our thing! We have your back!

Please contact me so we can discuss your candidacies for these or other positions in the LPTA! Or contact me to nominate someone else! We simply cannot do it without you!

Looking forward to hearing from you!



Kinta Leblanc, PT, DPT
Nominations Committee Chair

Payment/Practice Committee Report

TOPIC 1:

Summary of meeting with ASH, Cigna, GA, LA, and AL representatives

Location: Mobile AL

Date: 1.17.2019

Time: 4-8pm CST

Please note that this meeting was four hours in length and this summary of topics is not exhaustive. This is a summary statement provided by APTA and LPTA for your records and to help you make an informed decision as well as offer patient education on this process.

If you have any questions not covered in this document, please feel free to reach out to APTA or LPTA.

Attendees

Cigna: Cheryl Stella

ASH: John Donoghue, Dr, LaBrot, Nancy McCluskey

APTA: Joe Shine, Katie Brittain, Ryan Balmes, Ellen Strunk, Elise Latawiec

Overview

ASH currently manages 22 markets for OT/PT specialties.

Cigna stated that it has vetted ASH programs and cobranded evidence based guidelines.

ASH plans on completing more PT markets in 2019 following the roll out in LA, GA, and AL.

ASH

Cigna contract is capitated with ASH at risk.

ASH is delegated to manage the network itself.

A goal is to add virtual PT at a future date.

36 million of 52 million ASH covered lives include rehab/ MSK.

ASH collects patient satisfaction data and uses a 3rd party to collect the data.

APTA asked if ASH will share patient satisfaction questions- ASH responded it will share full set of questions; they do note that the CMS CAHPS format is used plus a few customized questions; it is a random sample of patients selected- not broken down or selected by diagnosis or provider; patients are included in the survey even if they did not complete their course of rehab; satisfaction results are very high (in the 90s); APTA asked if they might want to consider doing patient satisfaction for particular diagnosis/ patient complaints- Dr. LaBrot indicated this would be a good topic for a future PAC discussion

About half of the ASH 74,000 credentialed providers are rehab.

ASH's Goal during the roll out: minimize disruption for Cigna enrollees by keeping existing network intact

ASH is generally unaware of patient benefit structure with respect to coinsurance and deductible but stated that whatever benefit are in place for this year will remain and are not affected by the rollout. The assumption is that out of network (OON) patients have higher coinsurance percentage after the deductible is met.

ASH program Effective 4/1/19 for AL, GA, LA

Application deadline 2/15/19 for all providers to be included in the 4/1/19 rollout. However, ASH will continue to accept applications on an ongoing basis.

ASH is delegated for provider relations BUT Cigna retains control of services for its enrollees.

Cigna did not delegate Speech therapy to ASH.

PER CIGNA: Cigna sends its customers (enrollees) a letter if their provider of choice is no longer in network – run utilization reports- if patient treated in last 6 months by a PT, they will get a letter if PT is now non participating; Cigna does not have the ability to add new providers or alert members of revisions in the list; Cigna does not notify current patients of the change in UM to ASH; same Cigna benefits apply -just verifying medical necessity (MN)

Clinical appeal rate .02% of decisions are appealed per ASH in current markets, based on resolution usually through peer to peer interaction prior to appeal.

90% of transactions go through ASH Link (eligibility, medical necessity and claims processing).

Clinical data submission is 50% via ASH Link- rest of providers provide data through fax. Use of ASH Link is encouraged and can be both incentivized and penalized (after 6 months).

- ASH Link incentives rise to 5.75% over time to include CPS- providers starting at tier 3 that submit 50% of transactions via ASH link will get approx. 3% incentive.

Payment/Practice Committee Report Cont'd...

- Admin fees waived for 1st 6 months of participation; clinics w/less than 25 patients won't be penalized but can get incentives.

For out of network services: it is the Cigna member responsibility to submit medical necessity review (MNR) request; provider can do it on their behalf but some may refuse due to the added admin burden and may ask the patient to do it instead.

ASH credentials based on NPI and contracts based on TIN; CORF PTs don't have individual NPI so they are not covered under the ASH agreement with Cigna; ASH contracts only with free standing clinics; AL does not allow PT/OT under same roof unless they are a CORF; instead have separate OT/PT clinics – same law on the books in MA; ASH does not credential PTAs- ask PT submit data under their name and remain responsible

- ASH will follow up on AL CORF issue and get back to APTA

Clinical program

Raises awareness of conservative management; PT now aligning efforts with chiro on non- invasive MSK; ASH wants to increase use of therapies

ASH will share FAQ on tiering criteria (multiple tiers exist and define the number of visits allowed prior to requiring medical necessity review and approval of visits (including number of visits as well as timeline for delivering those visits).

There is no tiering criteria dashboard- only ASH Link status; get yearly summary; APTA asked if ASH might consider instituting a dashboard so providers would know where they stand and can make changes iteratively; will discuss at PAC

If ASH sees that a high volume provider is getting hit with fees, reach out to educate and ask why they are not using ASH Link (incentive vs fine).

May be able to do joint study with APTA on patient satisfaction of member vs non- members PTs-expect members to be more interested/ better able to provide evidence based practice.

ASH had 50,000 provider conversations last year (weighted toward PT/ chiro as they represent bulk of providers).

No algorithms for medical necessity; review each case individually.

For medical necessity, a provider can request a retrospective review up to 180 days post date of service (extended window for elig lags or other changes).

- Member is held harmless if Medical Necessity retro results for an in network provider results in a negative response and claims are not paid.

ASH generally respond within 24 hours of MN review.

Once MN and visits approved, they won't deny retroactively even if a later documentation review reveals care was inappropriate or not medically necessary- will educate provider but not pull funds.

They will allow extended auth periods if medically necessary- recognize not all patients benefit from a short rehab window.

Allow maintenance therapy when medically necessary.

Tiering

New providers start at tier 3 and will be evaluated yearly.

All outcomes measures are accepted and reviewed but encourage EBP.

Tier is set to TIN; only credentialed provider can treat ASH patients.

For patients seeing OT/PT need separate auths/ have independent tiering for each discipline.

50% of chiros in tier 6; 1/3 tier 3- as program matures providers move up tiers.

About 46% of patients do not require a 2nd MNR- that figure includes all tiers so tier 3 using <5visits; tier 4 less than 8visits, tier 5 less than 12visits, tier 6 less than 20visits.

- ASH is willing to share further breakdown on data- peds, cardio, etc.
- Average visits across network is 8

ASH does look at recidivism/ change of providers.

APTA offered to provide contacts to ASH for its EEC (review committee) for specialty areas of clinical guideline lit review.

APTA additional questions and answers

Question: A per diem maximum limiting the units billed typically equates to lessened PT interaction time with patients and therefore reduced outcomes. How does ASH justify 2 units (to reach the per diem rate) as best evidence? How to provide quality care for rate? What can we tell providers?

Response: Encourage provider to engage with recruiter to individually negotiate. The rate in mail is a starting point. The recruiters have a scale they may apply. Structure of current Cigna fee schedule may be different than ASH. ASH doesn't know who is currently at what rate with Cigna. Have to maintain neutrality. Firewall with MNR program. If providers are not getting a response on negotiating- need to let John know directly or via Elise ASAP. PTs should not share Cigna vs ASH rate info with patients. ASH Link bonus is in excess of per diem.

Payment/Practice Committee Report Cont'd...

Question: What is the client typical copay for this program?

Response: Cigna administers the benefit and establishes copays; don't expect changes based on ASH program

Question: Can you get longer durations approved?

Response: Yes- right now allowed up to 60 days and considering up to 6 months. Ask for longer duration if appropriate.

Question: What is the tiering advancement schedule?

Response: Annual basis

Question: Can PTs be added to wellness program "Active and Fit"?

Response: ASH will take back internally to see if PTs can be included in program. Coming soon- making Active and Fit available to individual providers and staff.

Question: Does ASH know how many providers they need to keep network open in a state/ county and can they share?

Response: No-can't share. Trying to keep current network of providers; don't want a network of new providers- want to retain continuity

Question: What happens with OON providers?

Response: Flat 5visit threshold prior to medical necessity review; OON claims go to Cigna; 6th visit Cigna sends claim to ASH; trigger MN submission; if provider does not request MN approval, the patient can obtain the medical record and submit on their own behalf. Cigna in network providers have to abide the contract; OON there is no contract; there is a form providers can ask patients to sign- like ABN- but if not signed- patient is held harmless

Question: Are hospital based PT clinics allowed to see Cigna patients? Are multi-specialties also excluded?

Response: ASH has no influence or knowledge- it's between Cigna and the hospital; physician owned practices are considered multispecialty and are excluded

Question: Is ASH interested in pilots? Does ASH have Cigna total cost of care data?

Response: Yes- bring topics and yes have data

Question: Does ASH apply MPPR? Pay different eval levels?

Response: No to MPPR; do apply CCI edits; do not pay different rates for 3 PT eval levels

Question: Does ASH do random site visits?

Response: Yes based on patient complaints.

Question: Do contracts defer to scope of practice per states? PTA use?

Response: Yes, hold PT accountable; contract agreement points to following state guidance; look at treating provider on forms submitted for MN review- if PTA use is repeated will investigate

Question: If the provider requests an in person with an ASH rep to negotiate or ask questions- what is the expected timeline?

Response: Expect to get someone there in the next week- have people in field. If provider don't hear from someone in a reasonable timeframe, let John at ASH know.

Question: Does the Cigna directory list specialty certifications?

Response: Yes, is listed based on what PTs report they offer

Follow up items to be provided by ASH

Power point presentation

FAQs

Link to Clinical Practice Guidelines.

Payment/Practice Committee Report Cont'd...

TOPIC 2

APTA Recommendation on evaluation of a discount network contract:

When evaluating a discount network contract it is extremely important that you consider the following:

- Know your cost to deliver care on a per visit basis
- Understand the impact of accepting a contract that is below your costs and may not provide a viable, healthy, and profitable business arrangement
- Determine what percentage of your business comes from each payer and understand the impact of losing patients
- Find out what the out-of-network benefits would be if you were no longer contracted with the payer
- Consider the impact on future contracts if other payers learn that you accepted a lower contracted rate

Use your APTA login to access these online resources:

[Know Your Costs for Providing Services](#)

[Cash Practice: Going Out of Network](#)

[Cash Practice: Are You Ready for Out-of-Network Practice?](#)

[Managed Care Contracting Toolkit](#)

TOPIC 3:

Summary of Information following call with AIM, APTA, and IN, WI, NY, and LA

Gina Z Giegling, PT

VP GM – MSK/Rehab Solutions

AIM Specialty Health

The goal of the call was, in coordination with the APTA and the Anthem Provider Relations team, provide an intro to AIM Specialty Health and the leadership team, and offer a high level overview of the AIM Rehab Program that will be effective 3/1/19 (for Medicaid programs in IN, WI, NY, WNY, and LA) and 3/15/19 (for CA fully insured).

Key points provided by AIM:

- Anthem BCBS utilization management (UM) program will migrate over to AIM.
- AIM has been around for 20 years (solution management business that was acquired by Anthem)
- Musculoskeletal solution has been created
- Tasked to build rehab solution in the outpatient space.. Based on clinical guidelines. Using Anthem's clinical guidelines: CG04 for PT
- Wanted to remove pain points and focus on the benefit of PT. Promoted PT as first line treatment option. Plan to use as a driver of management of MSK conditions in the future.
- Prior vendor – orthonet for Medicaid terminated 12/31/18, now local health plans are managing until go live 3/1/19 (in LA, this Anthem BCBS Medicaid program is branded as Healthy Blue).
- Commercial lines will go live July 1, using Ortho-net until then.
- Anthem BCBS Medicare will go live on 12/1/2019
- Provider trainings are scheduled that will take place according to a published schedule.
 - Jan 24th at 10 am is the first one.
- Filters through: MCD, then LCD, then anthem, then AIMS clinical guidelines. 2 points of entry- portal with patient details... report functional tool. (pre auth not required for IE). Key clinical measurements that will drive decisions on approval of visits. Get immediate authorization for number of visits and time frame. Once visits delivered, PT will report progress and then additional visits will be provided if still meets medical necessity. If need continued skilled therapy after 2nd approval would need to upload clinical notes for review if meets medical necessity requirements.
- If not making progress and then change the plan.... This gives more options for medical necessity.
- New AIM clinical guidelines expected to go into effect the end of 2019.

Katie Brittain, PT, DPT, MBA

Payment and Practice Chair



Federal Affairs Report

Medicare

For 2019, the KX modifier will need to be applied to Medicare claims upon reaching \$2040 in spending. By applying the KX modifier to the claim, the therapist or therapy provider is confirming that the services are medically necessary as justified by the appropriate documentation in the medical record. Should the KX modifier not be used appropriately, claims could be denied. Until 2028, claims exceeding \$3000 for combined spending for PT and speech-language pathologist (SLP) services, and \$3000 for stand-alone OT services are subject to targeted medical review; however, not all claims exceeding the threshold will be subject to review as they once were.

Functional Status Reporting Requirements for Outpatient Therapy are Discontinued

Since January 2013 all providers of outpatient therapy services have been required to include functional status information on claims for therapy services. The requirements for the reporting and documentation of functional reporting status for outpatient therapy claims will be eliminated for services furnished after January 1, 2019.

Merit-Based Incentive Payment System (MIPS)

Effective for reporting year 2019 and payment year 2021, physical therapists have been added to the list of Medicare-eligible providers who could be required to participate in MIPS. Recognizing that low-volume providers such as private practice physical therapists will have difficulty participating in MIPS, CMS established three separate criteria under which a MIPS-eligible clinician could claim a low-volume threshold exemption. Clinicians or groups are not obligated to participate in MIPS if any of these three thresholds apply to them:

1. If they have less than \$90,000 in Part B allowed charges for covered professional services;
2. If they provide care to 200 or fewer Part-B enrolled individuals who are furnished MPFS services; or
3. If they provide 200 or fewer covered professional services under the MPFS. A professional service is considered to be a billed unit of service.

Telehealth

While supporting efforts for the *Medicare Telehealth Parity Act* (H.R.2550) as well as the tailored approach of expanding coverage for telehealth by way of the *CONNECT for Health Act* (H.R.2556/S.1016). Two provisions of the *CONNECT for Health Act* were passed. The first grants Medicare Advantage plans the authority to expand their basic benefit coverage to include reimbursement for telehealth services and the second (*FAST Act* (H.R.1148/S.431)) allows for the use of telehealth to assess strokes regardless of patient's geographic location.

GETTING READY FOR THE 116TH CONGRESS

In the House of Representatives

In the 2018 midterm general election, Democrats won 235 seats and Republicans won 199 seats. As a result, the Democrats will make the most of their sizable majority in the House for the 116th Congress by bringing up and introducing bills on issues that were sidelined this past Congress. Since the Democrats will be the majority party, the position Majority Leader will be held by a Democrat and the position of Minority Leader will be held by a Republican.

In the Senate

As expected, the Republicans retained control of the Senate, winning 53 seats. Democrats won 47 seats.

Respectfully Submitted,

Cristina Faucheux, PT
Government Affairs Chair



State Governmental Affairs Report

The 2019 Legislative Session will begin on Monday, April 8th. This Session will be fiscal session which means legislators can only present 5 non-fiscal bills. The session will end on June 6, 2019. That is 8 weeks for bills to change as they move through the process. The Tatman Group as well as your Governmental Affairs Team will be monitoring and acting upon all bills that may impact our profession. As bills are being filed, please pay close attention to your legislative alerts and updates! Remember we only ask that you act when we are at crucial junctions and need the legislators to hear from multiple physical therapists and physical therapist assistants.

Please mark your calendars now for LPTA Day at the Capital, Thursday, May 9th. The time will be announced once session starts and the Committee/ Floor schedules are known. This will be a great time to rekindle those relationships you have or to start a new one. Please plan to join us on this day as we want to continue a strong presence at the capital!

The Louisiana Physical Therapy Board promulgated new rules that went into effect in December 2018. The purpose of the changes included language that:

Streamlined the process for licensing foreign-trained physical therapists, foreign-trained physical therapy assistants (PTAs) and military trained physical therapist assistants (PTAs).

Removed the requirement of 2-years' experience working as a licensed physical therapist prior to undertaking 50 hours of dry needling education and to change the process for documenting informed consent of patients.

Amendments to govern telehealth in practice for physical therapy.

Provided clarification for supervision of physical therapist assistants regarding initial evaluation of patients and delegation or subsequent treatment.

Updated language regarding documentation standards for physical therapists and physical therapist assistants.

For more information on the recent rule changes, please contact the Louisiana Physical Therapy Board.

Recently, the LPTA sent an email blast regarding "The role of the physical therapist in diet and nutrition". This statement was released due to questions and discussions regarding the Physical Therapist's role in giving nutritional advice to clients and patients. The APTA position on THE ROLE OF THE PHYSICAL THERAPIST IN DIET AND NUTRITION HOD P06-15-22-17 is listed below. It supports physical therapists in Louisiana in their role to educate clients and patients in diet and nutrition based on the physical therapist's educational training and that it falls within the physical therapist's personal scope of practice.

THE ROLE OF THE PHYSICAL THERAPIST IN DIET AND NUTRITION HOD P06-15-22-17

Diet and nutrition are key components of primary, secondary, and tertiary prevention of many conditions managed by physical therapists. It is the role of the physical therapist to screen for and provide information on diet and nutritional issues to patients, clients, and the community within the scope of physical therapist practice. This includes appropriate referrals to nutrition and dietary medical professionals when the required advice and education lie outside the education level of the physical therapist.

You will also want to mark your calendars to hear Patrick Cook, Don Cassano, and Troy Bourgeois speak at the LPTA Spring Conference on The Practice Act: Professional and Personal Scope of Practice. This is an exciting opportunity to hear how to understand your professional and personal scope of practice as defined in the Louisiana Physical Therapy Practice Act. They will share ways to not let "fear" limit your ability to practice at the top of your scope.

Should you have any questions/ concerns regarding the practice of physical therapy, please contact a GA Committee Member. We will be happy to discuss your practice issue or direct you to the correct person.

Respectfully Submitted,

Cristina Faucheux, PT
Government Affairs Chair





8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809

Registration Now Open for the 2019 Spring Sports Symposium!
Early Bird Registration Ends Wednesday, February 27



MARCH 22-24, 2019
LAFAYETTE, LA