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A Study of Licensed Physical Therapists' Knowledge Regarding Current Legislative Issues

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A STUDY OF LICENSED PHYSICAL THERAPISTS' KNOWLEDGE REGARDING CURRENT LEGISLATIVE ISSUES

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ABSTRACT

The purpose of this study was to determine the amount of knowledge licensed physical therapists have regarding certain legislation at the state and federal levels. Potential relationships between degree of knowledge and therapist characteristics such as age, number of years in practice, and professional membership were also examined. A survey instrument was mailed to a random sample of licensed physical therapists in the state of Michigan

Results indicated that licensed physical therapists who were members of a committee within the APTA, or held office in the organization had significantly more knowledge than physical therapists who did not (alpha=0.05). Being a member of the APTA, although not significant for the purposes of this study, showed potential for having increased knowledge (p=0.0561). Physical therapists who take an active role in the professional association tend to have higher levels of knowledge.

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DEFINITION OF TERMS

Knowledge – The result or condition of being aware of specific events

Legislation – Laws or statutes enacted by a governing body.

Michigan 105th Congress – In session from January 1, 1997 to December 31, 1998.

Executive Order 1997-13 – An order that was issued by Michigan Governor John Engler to abolish several state boards including the State Board of Physical Therapy.

House Bill No. 4833/Senate Bill No. 602 – Physical Therapy Assistant Bill. These state bills outlined proposed requirements for physical therapist assistants.

Senate Bill No. 315 – The Chiropractic Bill. This state bill proposed an expansion of the chiropractors scope of practice.

Immigration Policy – This federal policy encompasses several laws pertaining to foreign health care workers.

Balanced Budget Act of 1997 (HR 2015) – This piece of legislation was enacted by President Bill Clinton in an effort to cut federal spending and balance the federal budget.

Total Score – The total number of correctly answered questions on the whole survey.

Federal Score – The total number of correctly answered questions on the seven questions related to federal legislation.

State Score – The total number of correctly answered question on the eleven questions related to state legislation.

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CHAPTER 1
INTRODUCTION

Background of Problem

The physical therapy profession has been directly affected by numerous legislative decisions throughout its existence. Despite the fundamental effect these political decisions have had on the field, the majority of practicing physical therapists, and health professionals as a group, appear uninformed about these issues. Physical therapists need to be educated and involved in governmental affairs to understand the impact that politics has on the profession. This understanding allows practitioners to practice within the scope of the law and to take an active role in government affairs affecting their profession.

Research Questions

This study raises several important questions. How knowledgeable are licensed clinicians about current, political events impacting their profession? What factors may contribute to this lack of knowledge that apparently is predominate among physical therapists? Finally, what measures may be effective in increasing political awareness among physical therapists in the future?

Purpose

The purposes of this study were (1) to determine the amount of knowledge licensed physical therapists have about current legislative issues affecting the physical therapy field, and (2) to examine potential relationships between demographic data and the degree of knowledge physical therapists have regarding political issues.

Significance of the Problem

A study examining the amount of knowledge that physical therapists possess

regarding current legislation affecting their respective field is significant to the profession for several reasons. First, basic knowledge about political affairs affecting one's profession is critical to all practicing professionals. This knowledge enables the practitioners to understand their current legal limits regarding patient care, and it defines the scope of practice in their respective fields. This study suggests that the majority of licensed physical therapists may not have a satisfactory degree of knowledge in this area, and this lack of knowledge may have a negative impact on their practice. Second, this study reflects a need to address legislative issues during the formal education of physical therapists in the future so that they may understand the impact that politics has on their chosen profession. Finally, it is the hope of the researchers that this study will demonstrate to clinicians the need for increased involvement among practicing physical therapists in governmental affairs.

This study examined two primary research questions. Do licensed physical therapists demonstrate knowledge regarding current state and federal legislation affecting the field of physical therapy? Does a relationship exist between physical therapists' knowledge and the following demographic variables: geographical region, American Physical Therapy Association (APTA) membership, APTA or Michigan Physical Therapy Association (MPTA) committee membership, APTA or MPTA offices held, years of practice, age, and voter registration.

CHAPTER 2
REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

Review of Literature

During the second half of the 20th century, health care has become increasingly important to societies worldwide. This recent increase in importance is primarily due to uncertainties arising from the enormous growth and development occurring in health care (Burker, 1996). As a result, people are taking an active role in their communities and government to ensure that improvements in health care will be implemented and maintained for the good of the people (Burker, 1996).

Health care legislation is important to the general public for several reasons. First, health care policy helps to control the amount of spending on health care. As of 1990, 8% of all global income was spent on health care, and this number has consistently risen (Burker, 1996). As a larger portion of the public's income is spent on health care, people want a voice in deciding how the money is spent. Second, technological advancements in medicine have created a multitude of opportunities for patients; however, these procedures do not come without a significant cost (Burker, 1996). Health care policy ensures that money is spent judiciously on those procedures which are most beneficial to society. Third, advancements in science have stimulated a number of debates regarding ethical concerns surrounding the utilization of new technology (Burker, 1996). The public is able to ensure that health care professionals continue to practice under specific, moral principles by implementing policy regarding these specific issues. Finally, as health care has increased in cost, the unequal distribution of health care between rich and poor has increased (Burker, 1996). Through involvement with their government, the public

can generate policy to make improvements in this area.

Health care legislation plays an equally important role in the lives of medical professionals. Health care practitioners cannot be satisfied with simply curing the sick; they must also play an active role in implementing change within the political environment (Burker, 1996). Health care workers need to take an active role to ensure that the policies created are equivalent to the policies which were intended (Burker, 1996). Without input from medical professionals, politicians would be solely responsible for enacting policy on behalf of the health care professionals. Health care workers must also be involved in evaluating the effectiveness of health care policy (Burker, 1996). It is the responsibility of the medical community to ensure that health care legislation is working to benefit the public. Finally, health care professionals need to critically assess their own effectiveness through activity in policy-making (Burker, 1996). The medical community must evaluate whether they are doing their best for the patients or whether improvements need to be made for future health care. It is critical that medical professionals take an active role in political affairs affecting the quality of health care provided to the public.

Health Interest Groups and Legislation

Professional organizations have a great impact on legislation (Litman & Robins, 1991). They function to serve as a unified voice for health care workers. These organizations serve many purposes including helping to educate the public about their respective profession, providing members with a variety of benefits, and acting as a liaison between health care workers and politicians. Health care workers are encouraged to pay a fee to become a member of their respective profession's organization, and in return, they often receive regular publications and newsletters, up-to-date information on issues affecting the profession, and an opportunity to continue learning about topics related to their profession. In addition, members

benefit from the gains that the organization makes on behalf of health care workers in corporate and political arenas.

Each group of health care workers is represented by a particular set of organizations. For example, many doctors are largely represented by the American Medical Association (AMA) while physical therapists are represented by the APTA at the national level. While the basic goals of these organizations are similar, they operate specifically to further their respective professions.

The AMA was established in 1961. The enrollment is currently reported at 68,000 members nationwide and this group encompasses 51 state subgroups (Maurer & Sheets, 1999). The AMA "seeks to further political knowledge of its members and to provide them with means for concerted political action" (Maurer & Sheets, 1999). One way in which the AMA accomplishes this task is through regular publications for its members with the journal Political Stethoscope. In addition, they provide members with periodic publications about campaign techniques (Maurer & Sheets, 1999).

The chiropractors are represented by the voice of the American Chiropractic Association (ACA) on the national level. Currently, there are 20,000 members of the ACA, which was originally established in 1930. The ACA provides members with current information about numerous issues through the periodical Journal of Chiropractic. Also, the ACA sponsors a website available to the public discussing a number of current legislative topics.

The APTA is the national representative for physical therapists with subsidiary chapters in each state. The APTA was established in 1921, and current membership is 72,000 including physical therapists and physical therapist assistants (Maurer & Sheets, 1999). The Government Affairs Department (GAD) acts as a liaison between the APTA and the government. The GAD plays an important role in the legislative aspects of the physical therapy profession. The duties of this department include monitoring the development in legislation at the state and federal

levels and informing APTA members about government affairs (American Physical Therapy Association [APTA], 1997a). In addition, the APTA provides members with regular publications that routinely address political topics affecting the profession. The organization also sponsors a website to provide members and the public with current information about government affairs.

Professional organizations have a responsibility to educate their members and be an advocate for the profession that it represents. This is accomplished in a variety of ways by different organizations. However, the primary goal is to improve health care for patients and health care workers alike.

Political Action Committees

Political action committees (PACs) have a major influence on legislation. Currently over 4000 PACs exist representing a variety of corporations and special interest groups (Electric Library, 1994). PACs exert their influence by contributing significant sums of money to the campaign funds and offices of legislators who support issues that will benefit their respective causes. These funds are typically generated by voluntary contributions from individuals associated with the organization represented by the PAC (Electric Library, 1994). These PACs hope that with these contributions, the legislators will continue to support, and vote favorably for, issues affecting their organizations.

There are numerous PACs directly associated with the health care industry. Most major insurance companies as well as professional organizations representing health care workers, including physical therapists, have PACs working with legislators to benefit their cause. These PACs have attempted to increase their influence in Congress in recent years due to the major changes occurring in health care. Based on the changes that have occurred, it seems this is an appropriate strategy; the organizations with the most financial influence are coming out on top

(Common Cause News, 1995). The PAC representing the AMA is one of the most powerful PACs in Washington, and it is one of the most influential PACs in the health care industry today. This is evident by the amount of money contributed to legislators by this particular PAC. During the peak of health care changes in 1995, doctor PACs increased their contributions by 38% in hopes of passing legislation to increase revenues in the future (Common Cause News, 1995). This increase allowed this group to contribute a total of $22.1 million to legislators between July 1985 and June 1995 (Common Cause News, 1995). This includes a contribution of $13.5 million solely from the AMA which represents approximately 40% of doctors in the United States (Common Cause News, 1995). Recently, the AMA has contributed $2.3 million to legislators during the 1998 election cycle (American Chiropractic Association, 1999).

The health insurance companies also have PACs that are a major influence in Congress. In fact, this group of PACs is second only to the doctor PACs. During the time period from July 1985 to June 1995, health insurance PACs contributed $20.4 million to congressional candidates (Common Cause News, 1995). The goals of these organizations were to support the passage of the Medicare provisions which would increase their revenue. In 1998, it was projected that these proposed provisions could provide the insurance companies with the opportunity to triple their revenues (Common Cause News, 1995).

Although not as powerful as the PACs representing doctors and health insurance companies, nurses are also well represented in Washington. The goal of the American Nurses Association's (ANA) PAC, which has been in existence since 1974, is to advance nursing's legislative and political agenda through financial contributions to Congressional leaders (American Nursing Association, 1996). The ANA-PAC became the third largest health-related PAC in the 1993-94 election cycle when contributions totaled $1.3 million (American Nursing Association, 1996). The

ANA-PAC continues to be influential; their contributions totaled $973,798 during the 1998 election cycle (American Chiropractic Association, 1999).

The PAC representing the American Chiropractic Association (ACA) is also a force to be reckoned with in Congress. The ACA-PAC ranks in the top 10 health-related PACs with contributions totaling $823,740 between 1981 and 1991 (Common Cause News, 1994). ACA contributions totaled approximately $270,000 during the 1998 election cycle (American Chiropractic Association, 1999). The influence of the chiropractors has also been seen recently in the impact they had on pushing for the Chiropractic Bill (SB No. 315) in Michigan in 1998. Although this bill never came to pass within the 105th Legislature, this group will continue to be an influence in the future.

The PAC representing physical therapists has grown from a small PAC to being one of the top ten health care PACs in the United States today. The PT-PAC contributed $1.3 million to candidates representing 47 states during the 1996 election campaigns ("Behind the Scenes", 1997). This was followed by contributions of $598,422 during the 1998 elections (American Chiropractic Association, 1999). It is important to note that the PT-PAC is a separate entity from the GAD of the APTA; however, these two groups work in conjunction to support candidates who promote the physical therapy profession.

After looking at some of the larger PACs in health care, it is evident that health care legislation is largely driven by financial influences today. With the changes that are continuing to occur in health care, it can be expected that the influence that PACs representing health care workers and health insurance companies have will continue to grow. It is the responsibility of all individuals supporting these issues to ensure that the patient does not get forgotten as health care revenue gains increasing importance.

History of APTA Involvement in Legislation

The APTA has been a driving force in health care issues affecting the profession for over 75 years. Originally, the association was called the American Women's Physical Therapeutic Association (AWPTA) with its first president being elected on March 24, 1921. The organization continued to grow and eventually created the House of Delegates in 1944. By 1946, the official name of the organization became the APTA. Because the APTA was becoming increasingly more involved in important legislative issues, their national offices were moved to Washington DC (APTA, 1997e).

Over time, many legislative issues passed in regards to health care, and the physical therapy profession was forced to adjust to major changes set forth in the health care system. Managed care, point-of-service plans, downsizing, and reengineering would require adaptations and decisions to be made regarding the profession. These issues have only become more complex as health care reform became a major bargaining tool in the 1990s (APTA, 1997e).

In this time of health care reform and expanding scopes of health care professions, practicing physical therapists must remain interested and involved in the legislation. The Government Affairs Department of the APTA works to represent the interests of the profession within the government. The hope of the GAD is that practicing professionals will become more involved in government affairs and political action relevant to the physical therapy profession (APTA, 1997a).

The physical therapy profession has been affected at both the state and national levels by different legislative decisions. Following is a brief description of legislative policy and procedures to aid in the understanding of legal operations of the Michigan Legislature.

Michigan Legislative Procedure

The Michigan Legislature is a two chamber body made up of the Senate and the House of Representatives. The Senate is made up of 38 members, who are elected at the same time as the governor, and remain in office for a four-year term. The House of Representatives has 110 members. They are elected on even numbered years and remain in office for a two-year term. The terms begin January 1 following the November election, and run through December 31 of the following year (Legislative Service Bureau, 1997).

The Legislature enacts the laws of Michigan, among other responsibilities. It considers thousands of proposed laws, or bills, during each two year session. Any bill not enacted into law by the end of each two year session does not carry over into the next legislative session. It must be reintroduced.

Several steps are taken in order for a bill to become a law. First it must be introduced to either legislative body. Then it receives its First Reading which entails reading the title of the bill only. The bill is then sent to the appropriate committee within its original house for review. During the committee review, discussions, debates, and public hearings may be held. At this point, the committee takes the most appropriate action from several choices. The choices range from giving the bill a favorable recommendation with or without amendments, to reporting the bill without recommendation, or taking no action at all. If reported favorable, the bill progresses to a Second Reading and the committee recommendations are considered by the respective legislative body. The bill then advances to the Third Reading, where in theory, the entire bill is read. If the majority of the respective house votes to at least consider the bill, only the title will be read. At the conclusion of the Third Reading, the bill is either passed, defeated, or delayed for further consideration. If the bill passes, it is sent to the other legislative house where it follows the same procedure as just outlined. If the bill passes both the Senate and the House of Representatives in

identical form, the bill is sent to the governor by the house in which it originated. The governor has fourteen days to sign or veto the bill (Legislative Service Bureau, 1997).

The above was only a brief explanation of how a bill becomes a law. Following is a discussion of state issues including Executive Order 1997-13, the Chiropractic Bill (SB 315), and the Physical Therapist Assistant Bill (SB 602/HB 4833), and national issues including Immigration Policy and the Balanced Budget Act of 1997 (HR 2015).

Executive Order 1997-13

On August 15, 1997, Governor John Engler signed an executive order to abolish many state boards including the State Board of Physical Therapy. This order would have transferred all the duties and responsibilities of the board to the Department of Consumer and Industry Services. Following a grassroots effort throughout the state, the order was eventually rescinded October 13, 1997 allowing the board to continue its services.

The Office of Health Services, a subdivision within the Bureau of Occupational and Professional Regulation, Department of Consumer and Industry Services, regulates many health care professions including physical therapy. According to the Occupational Regulation Sections of the Michigan Public Health Code, there are many general conditions of the 16 licensing boards currently being utilized in Michigan, including the Board of Physical Therapy. This board consists of five licensed physical therapists and four public members, all of whom are eligible to vote and participate in regularly scheduled meetings. The board is involved in granting and renewing physical therapy licenses, establishing standards for education, and creating and maintaining a historical record pertaining to each license regarding information according to law.

The Chiropractic Bill (SB 315)

Originally, chiropractic medicine was established as an official health profession in Iowa, and by 1974, was legally practiced in 49 states (Kudsk, 1974). By 1980, chiropractors had obtained licensure in every state (Wardell, 1980). Chiropractors have succeeded in expanding their scope of practice nationwide and are continuing to increase their current scope of practice to include procedures traditionally practiced by physical therapists (Kudsk, 1974). For example, in the early 1990s, chiropractors in Louisiana infringed upon the term "physical therapy" by advertising their ability to provide physical therapy services (Dininny, 1996). In response to this action, the Louisiana Board of Physical Therapy Examiners filed a request to prohibit the use of the term "physical therapy" outside of the profession. By 1993, Louisiana passed a law protecting the term "physical therapy" (Dininny, 1996). Other states, including Wisconsin, Pennsylvania, and Colorado, have also experienced similar situations in recent years ("Protecting the term", 1996; APTA, 1997b; APTA, 1997c). Currently, Michigan physical therapists are also involved in a battle to protect the profession.

The purpose of the Chiropractic Bill, which was introduced into the 105th Michigan Legislature on March 20, 1997, was to expand the definition of chiropractic practice. Currently, chiropractors deal with the nervous system and its relationship to the spinal column. The passing of this bill would have allowed chiropractors in Michigan to treat the spinal column as well as the extremities. In addition, this bill would have allowed chiropractors to use imaging technology such as magnetic resonance imaging (MRI) and computerized tomography (CT) scans for the purposes of examination.

According to the Michigan Chiropractic Society, chiropractors as a group, fully supported the bill. According to Carl Alden, representative of the MCS, the purpose of the Chiropractic Bill was to return the law defining chiropractors' scope of

practice back to its original form, which was changed in 1978.

The MPTA was against the proposed amendments of this bill. The organization felt that the educational and professional training of chiropractors does not adequately prepare them to use the therapeutic procedures they want to incorporate into their practice. In addition, the MPTA stated, "...if such expansion is legislatively allowed, important health, safety, and welfare issues for the people of the State of Michigan exist" (MPTA, 1997).

After being introduced to the Senate in March 1997, this bill was referred to the Committee on Health Policy and Senior Citizens for further review. In May of 1998, this bill was introduced to the senate for an immediate hearing, but was turned down and returned to the committee for continued review. The session of the 105th Legislature ended December 31, 1998, and as of mid-April 1999, this bill has not been reintroduced into the 106th Legislature.

Physical Therapist Assistant (PTA) Bill (SB 602/HB 4833)

In the early 1960s, demand for physical therapy services contributed to creating a need for a paraprofessional assistant for the physical therapist. By 1967, the APTA House of Delegates adopted an official policy regarding the training and utilization of the physical therapist assistant (PTA) (Woods, 1993). According to the APTA, the PTA is one who has successfully completed an accredited PTA program, aids the PT in patient care, and carries out tasks delegated by the physical therapist that are within his or her capabilities (Woods, 1993). Despite the fact that this definition has been in place for several years within the APTA, a legal definition of the PTA's scope of practice has yet to be defined.

A bill regarding the registration of PTAs was introduced into the Michigan House of Representatives in May 1997 and into the Senate in June 1997. Both bills outline the proposed requirements of PTAs, including that PTAs shall practice only

under the supervision of a licensed physical therapist. These bills also specified the educational requirements necessary for PTAs. The physical therapist assistant must successfully complete an educational program approved by the APTA. Currently, there is no board-certified examination for PTAs in Michigan, however, once the board approves an examination, successful completion of this test will also be required by law.

The Michigan Physical Therapy Association originally supported the PTA Bill when it was in the 105th Legislature. The Association continues to believe it is important that only individuals with appropriate educational and training backgrounds be recognized as a physical therapist assistant. The Association also feels that because of the level of education required, a PTA may only work under the supervision of a licensed physical therapist (MPTA, 1997).

These bills continued to be reviewed in the legislature at the end of the 105th Congressional Session. Neither have been reintroduced to the 106th Congress. Amendments to this bill are being considered by the APTA and will be discussed in chapter five of this document.

Immigration Policy

Pre-screening of foreign-educated health care workers became part of a federal law of the immigration policies through the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Section 343. The Immigration and Nationality Act (INA), Section 212 (a)(5)(c) says any uncertified immigrant or non-immigrant alien who plans to work in the United States as a health care worker, must be comparable to American health care workers. The screening includes evaluation of the practitioner's educational background, clinical experience, and English language proficiency. This screen is to be performed before the practitioner receives a visa to work in the United States (APTA, 1997f; Department of Justice,

Immigration and Naturalization, 1999).

The INA allows foreign-trained workers to enter the United States provided their chosen profession is considered undersupplied by the U.S. Secretary of Labor. The Department of Labor has compiled a list of undersupplied professions referred to as Schedule A. For professions on Schedule A, employers are not required to hire United States citizens prior to hiring foreign-trained individuals for permanent employment. This policy was enacted to help meet the public's needs for certain services (APTA, 1997f).

Physical therapy is one of the professions included on Schedule A as an undersupplied profession. Although this has been an accurate characterization of the profession in past years, research recently conducted by an independent research company indicates that this is no longer the case. According to a national workforce study conducted by Vector Research, Inc., in 1997 there was currently a balance between supply and demand for physical therapists nationwide. However, by 2005, a surplus of 20-30% of physical therapists is anticipated assuming certain assumptions are met. These assumptions include:

- New education programs will develop leading to annual increases of new entrants to the field at a rate of 5% for PT's and 12% for PTA's.
- Number of internationally trained PT's will remain level
- United States population will grow 0.9% annually until 2005
- Many states will embrace an aggressive approach to managed care
- The use of PTA's will increase
- Technology will have a negligible effect
- PT's will continue to outnumber chiropractors 2:1
- Certified athletic trainers will not gain a share of the mainstream

Legislation introduced in the Senate in May 1998 proposes to increase the number of nonimmigrant employment visas currently available. In October 1998, this bill passed allowing more internationally-trained physical therapists to practice in the United States. The APTA opposed the passing of this bill because the visas may "go to foreign health care workers rather than to high-tech workers, as the legislation had intended" (Policy Briefs, 1999). It should be noted that great inconsistencies exist in defining the terms high-tech workers versus health care workers. The APTA is concerned about the consistently poor performance of internationally-trained practitioners on the national licensure exam. In 1994, only 32% of foreign-trained therapists passed the exam while 91% of individuals trained in the United States passed (APTA, 1997f). Similarly, in 1996, less than 29% of foreign-trained therapists passed while 86% of those trained in the U.S. passed ("Legislation Increasing Nonimmigrant Employment", 1998; "Policy Briefs, 1999).

The APTA is constantly working with the Immigration and Naturalization Services and the Department of Health and Human Services to develop adequate regulations controlling foreign-trained practitioners (APTA, 1997f).

The Balanced Budget Act of 1997 (HR 2015)

In August 1997, President Bill Clinton enacted an important piece of legislation that affects several aspects of health care on a national scale. This legislation encompasses a vast amount of policies related to health care. Some of the key provisions that will affect physical therapy include a decrease in physician self-referrals for physical therapy services, an anti-gag provision for all health care professionals, and a cap on outpatient Medicare reimbursement (Cooney, 1997).

An important provision affecting physical therapists is the cap placed on outpatient rehabilitation settings for Medicare recipients. This became effective in January of 1999. This provision allows each beneficiary to receive $1500 per year per

facility for combined outpatient physical therapy and speech/language pathology services (Cooney, 1997; Ellis, 1998). Occupational therapy patients receive an additional $1500 per year per facility. This cap applies to all facilities except outpatient departments within a hospital ("Policy Briefs", 1999). Although the $1500 cap is an improvement over the originally proposed $900 cap, the APTA remains opposed to this provision as currently written and continues to work with the legislature to develop alternatives that support and validate criteria for adequate and complete patient care (Cooney, 1997). The $1500 cap and other provisions of the Balanced Budget Act of 1997 will be discussed further in chapter five.

Efforts have recently been made in United States Congress to improve the Medicare reimbursement status. On May 12, 1998 Representative John Ensign (R-Nev) introduced the Reinstatement of Rehabilitation for Seniors Act (HR 3835) to the 105th Congress (Ellis, 1998). When the 105th Congress ended, this act was not reintroduced in identical form into the 106th Congress. Instead, Senator Charles Grassley (R-IA), on February 25, 1999, introduced the Medicare Rehabilitation Benefit Improvement Act of 1999. Both of these acts will also be discussed in chapter five.

Reliability and Validity

No previous studies regarding physical therapists' knowledge about current legislative issues affecting the profession were found in the review of the literature. As a result, there was no acceptable instrument with which to determine the amount of knowledge physical therapists possess in this area. There were, however, studies related to physical therapists' knowledge in other areas. One particular study examined physical therapists' knowledge and perceptions regarding care team meeting styles in inpatient rehabilitation (Dickman, Ritsema, & Warner, 1993). Although the authors did not specifically address the reliability and validity of the

instrument used, the format of their survey was helpful in the development of the survey for this study. Another study addressed physical therapists' knowledge of reimbursement methods (Buckmiller & Smith, 1996). The survey used in this study was also not tested for reliability or validity; however, researchers obtained useful information on this topic warranting further research in this area.

No studies reviewed related to physical therapists' knowledge were identified as having valid or reliable instruments. However, these instruments were effective in gaining insight into their respective topics. Therefore, the authors felt that these instruments were beneficial in generating an effective survey to assess physical therapists' knowledge regarding current legislation.

Summary and Implications

The legislative issues previously discussed, as well as others, are important to practicing physical therapists for several reasons. These issues define the current legal limits regarding patient care and also the scope of practice for health professionals' respective fields. In addition, knowledge about these issues is critical to health care professionals because workers in the health care field must understand the impact that current legislation will have on the future of their profession. Health care professionals have a responsibility to the public to ensure that these political issues are generated, discussed, and resolved with the patient's best interest in mind.

CHAPTER 3
METHODOLOGY

Design

This study used a survey instrument to examine licensed physical therapists' knowledge of existing legislation affecting the physical therapy profession. The primary advantage to using this method of data collection is that it allows subjects in distant locations to be reached. It is also an efficient way to collect a large amount of information.

Study Site and Subjects

A stratified sample of 350 licensed physical therapists in the state of Michigan was obtained using a list provided by the Michigan Department of Consumer and Industry Services. The sample was separated into regions according to area code: regions 0 and 1 were made up of Metro-Detroit and Southeast Michigan with area codes of 313, 248, 810, and 734; region 2 was Mid-Michigan, area code 517; region 3 was West Michigan, area code 616; and region 4 was the Upper Peninsula, area code 906. In order to participate in the study, the subjects had to be licensed to practice physical therapy in the state of Michigan. Physical therapists possessing a temporary license at the time the sample was taken were excluded.

Instrument

An objective survey designed by the researchers specifically for this study was used for data collection (See Appendix A). This survey addressed how knowledgeable subjects were regarding political issues affecting the physical therapy profession. Demographic information was also collected from all participants. The survey consisted of eighteen questions; eleven questions related to state issues, and seven questions related to federal issues. Answers of 'yes', 'no', and 'do not know' were to be circled by the

subject. Directions written on the survey instructed subjects that one point was given for a correct answer, negative one point was given for an incorrect answer, and zero points were given for answers of 'do not know.' The researchers eventually modified the scoring to provide a more accurate reflection of the subjects' level of knowledge. In order to eliminate negative scores, points were given only for correct answers.

Validity/Reliability

Due to the lack of previous research in this area, no reliable survey instrument existed. The survey instrument utilized was created by the researchers for this specific study. The validity and reliability of this instrument are unknown.

Procedure

A disk containing all licensed physical therapists in the state of Michigan was obtained from the Michigan Department of Consumer and Industry Services. A random sample of 350 physical therapists was accomplished using the Lotus Excel program. The sample of 350 subjects was then divided into five different regions determined by area code as previously described. Sixty-two percent of surveys mailed went to regions zero and one, 13.4% to region two, 21.4% to region three, and 3.1% to region four. Subjects received the survey through the mail at the address listed on their professional license. A cover letter explaining the purpose of the survey and a self-addressed stamped envelope were included.

Subjects were given two weeks to complete and return the survey. Any surveys returned incomplete or in a manner that compromised subject confidentiality were excluded from the study. Returned surveys were assumed to allow consent to utilize the information as explained in the cover letter (See Appendix B). Only the researchers had access to names and addresses of participating subjects. There will be no mention of subject's names, addresses, or places of employment at any time.

Chapter 4
Results/Data Analysis

Techniques of Data Analysis

All data were coded and entered into the SAS system. Nonparametric rank sums tests were used to examine the difference in distribution between survey scores and subject characteristics listed below. Nonparametric rank sums tests are used when samples come from the same population. Scores are ranked in order of increasing size. The ranks are then summed for the group with the smaller sample size and are labeled R_1. This number is then converted to a complementary value that is labeled R'. The smaller value between R_1 and R' is then used to test for the significance of the variable being examined (Portney & Watkins, 1993).

Survey scores were separated into federal scores, state scores, and total scores (combination of federal and state scores). Demographic categories examined included APTA membership, APTA or MPTA committee membership, APTA or MPTA offices held, number of years in practice, age, voter registration, and geographical region. The alpha level was set at 0.05 for all statistical tests. Table 1 summarizes the demographic data gathered from the surveys.

Results

Return Rate

From the sample of 350 survey instruments mailed, 43% were returned. Twelve surveys were incomplete and were not used in the data analysis. Thus, the usable response was 39% from the original sample of 350.

Total Scores

The median of the total scores was ten out of a possible eighteen. There was sufficient evidence to conclude that the total scores of committee members were significantly higher than those of non-committee members ($p=0.0013$). There was also significance in the total scores of APTA office holders as compared to non-office holders ($p=0.0121$). APTA membership, although not found significant in this study, had a p-value of 0.0561. This result was very close to meeting significance for the purpose of this research. There were a limited number of subjects responding to the survey and a limited number of questions asked. We cannot say there is sufficient evidence to conclude that membership of the APTA had an increased level of knowledge, however, this statistic does suggest that a potential relationship may exist.

There is insufficient evidence to conclude that a statistically significant relationship exists with the other variables including subjects age, years practiced, voter registration, or geographical region. Table 2 summarizes the statistical analysis for total, state, and federal scores.

State Scores

The median of the state scores was five out of a possible eleven. In this category, there was evidence to conclude higher scores with committee membership ($p=0.0004$) and office holders ($p=0.0050$) than with non-committee membership and non-office holders, respectively. There was insufficient evidence to conclude a significant relationship existed with the other demographic characteristics including APTA membership, age, years of practice, voter registration, or geographical region.

Federal Scores

The median of the federal scores was four out of a possible seven. There was not sufficient evidence to conclude that there was a statistically significant relationship

between any increase in scores with committee membership, office holder, APTA membership, age, years of practice, voter registration, or geographical region. Figure 1 summarizes the distributions of the scores.

Table 1.
Descriptive Data Summary of Total Returned Surveys (n=137)

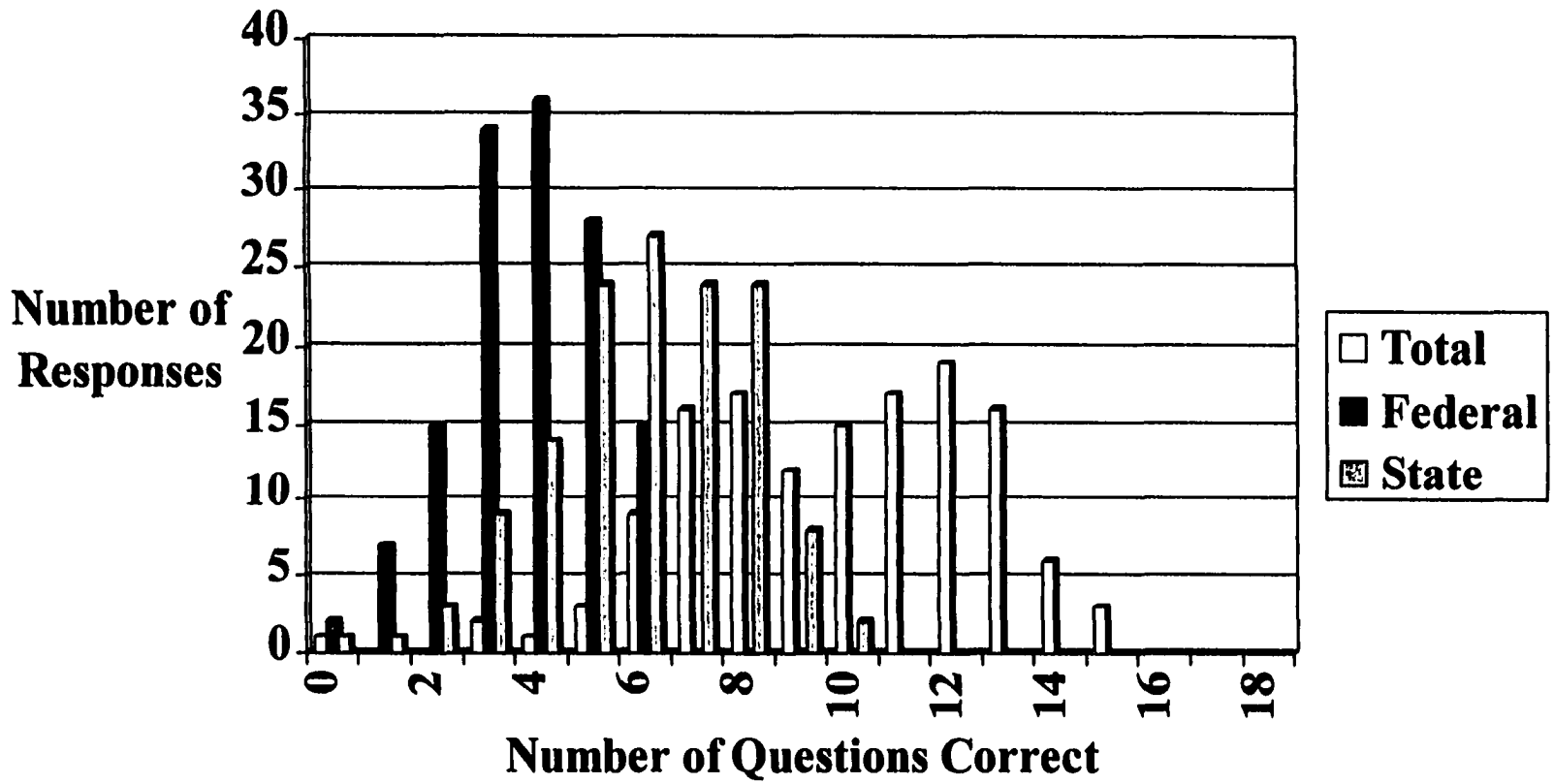
Variable	n	% of total returned
Region		
Metro Detroit/Southeast Michigan	91	30%
Mid Michigan	18	38%
West Michigan	35	47%
Upper Peninsula	5	45%
APTA Membership		
Yes	65	47%
No	72	53%
Committee Member (APTA or MPTA)		
Yes	19	14%
No	115	84%
Office (APTA or MPTA)		
Yes	9	7%
No	124	91%
Years Practiced		
0-10	68	50%
11-20	43	31%
21-30	20	15%
30+	6	4%
Age		
20-29	25	18%
30-39	66	48%
40-49	32	23%
50-59	10	7%
60-69	4	3%
70+	0	0%
Registered Voter		
Yes	121	88%
No	14	10%

Table 2.
Summary of P-values

Variable	Total Score	Federal Score	State Score
Region	0.5023	-------	-------
APTA Membership	0.0561	0.1271	0.1225
Committee Membership (APTA or MPTA)	0.0013*	0.1695	0.0004*
Office (APTA or MPTA)	0.0121*	0.1110	0.0050*
Years Practiced	-------	0.2960	-------
Age	0.5851	-------	-------
Voter Registration	------	-------	0.1063

*indicates significant value (α =0.05)
Note: Variables marked with "-----" did not have a sufficient number of data points to support a model with multiple levels per factor.

Figure 1.
Distribution of Scores (n=137)



CHAPTER 5
DISCUSSION

Discussion of Findings

The physical therapy profession has been and continues to be directly affected by politics. By using just a few current legislative issues, we attempted to determine how knowledgeable licensed physical therapists were about legislation, and to determine what factors contributed to their level of knowledge. The factors that appear to show a statistically significant relationship with subject's degree of knowledge were those who were members of a committee or held an office in the MPTA or APTA. The following factors did not demonstrate statistical significance: geographical region, APTA membership, number of years in practice, subject age, and voter registration. Not all demographic variables were analyzed. We collected data on APTA section membership, practice setting, and voting behavior. These characteristics demonstrated too much variability to establish a relationship. Although this study has many limitations, a few interesting points are worth mentioning.

Overall, this study showed that the licensed physical therapists that participated in the study only knew about half of the questions asked. If we could transfer this number to the overall amount of knowledge physical therapists have on legislative issues, it would suggest that physical therapists only know about 50% of the information on current issues. In most physical therapy educational curricula, an 80% competency level is required for satisfactory completion of courses. Therefore, we do not feel that a 50% level of knowledge on political affairs is sufficient for members of the physical therapy profession.

We found it very encouraging that the groups with the highest percentage of

correct answers included those who take an active role in the Association. APTA officers or APTA committee members are probably more active with physical therapy issues outside of the clinic, and tend to stay updated with such political issues. Another point of interest involves individuals who are members of the APTA. Although not found significant, the results do suggest that the APTA may be doing a decent job at educating its members.

Following is a discussion to demonstrate the importance of staying educated about political issues affecting the physical therapy profession. Topics that will be addressed include current reimbursement issues, the present physical therapy market, and the status of the political issues covered by the survey instrument used in this study.

Application of Practice/Administration/Education

Importance of Supporting the APTA

The APTA is an organization that serves, protects, and advocates for the profession of physical therapy. This organization has made many commitments to its professional members. Through a variety of media such as mailings, journals, and e-mail the APTA keeps physical therapists informed of what is happening in the profession. PT Magazine of Physical Therapy is a professional issues magazine published by the APTA. It provides legislative, health care, human interest and Association news to the members. It also "serves as a forum for discussion of professional issues and ideas in physical therapy practice" (Woods, 1999). Physical Therapy is "a refereed journal that contributes to and documents the evolution and expansion of the scientific and professional body of knowledge related to physical therapy" (Rothstein, 1999). Both of the above publications are provided monthly to all members of the APTA. They provide a valuable source of information about current research, practice trends, reimbursement news, and legislation.

There have been many legislative issues that affect the physical therapy profession. The APTA provides the profession with advocates at the state government level as well as on Capitol Hill. These individuals work to support the best interests of the physical therapy profession.

Members of the GAD are responsible for advocating for the physical therapy field. The Government Affairs State Relations staff works in conjunction with APTA chapters, contract lobbyists, and legislators in all 50 states and Puerto Rico on legislation and regulation pertaining to physical therapy ("Behind the Scenes", 1997). The GAD has been working on many federal legislative and regulatory issues including the following: influencing and monitoring Medicare reform proposals; working for passage of the Patient Access to Responsible Care Act (PARCA); pushing for implementation of federal prescreening of foreign-trained physical therapists; and providing the Health Care Financing Administration (HCFA) with comments regarding new edits to the Correct Coding Initiatives, Salary Equivalency Rates, and Home Health Regulations ("Behind the Scenes", 1997).

Without the important work of the APTA, practicing physical therapists, in essence, lose a collective voice about government affairs that influence the profession. Membership in this organization allows practitioners to stay current with the latest practice trends, reimbursement news and research. It is a way in which the individual professional can show support to the Association so the APTA can continue to support the entire profession

Because of the turbulence in health care today, many physical therapists may feel uncertain as to what the future holds for their profession. By being a member of the professional organization, one has the option of taking comfort with peers who hold the same values.

Whether a health care consumer or a health care provider, legislation is affecting all individuals associated with our health care delivery system. Physical

therapists are among many health care professionals who are experiencing increasingly more financial restraints when it comes to providing patient care. As a profession, we are faced with the challenge of continuing to provide our clients with high quality care while working within a system in which reimbursement for services is diminishing. In order to work efficiently within the United States' current health care system, professionals need a good working knowledge of legislation that is impacting the field of physical therapy. Following is a discussion of some key topics affecting the way in which physical therapists practice.

Physical Therapy and the Prospective Payment System

The Prospective Payment System (PPS) is a new reimbursement system for facilities treating Medicare patients. The system was created as part of the Balanced Budget Act of 1997 to help reduce health care spending and to ultimately contribute to lowering the federal deficit. This system is intended to replace the previous method of cost-based reimbursement. The implementation of the PPS began nationwide on July 1, 1998. This reimbursement method will be gradually integrated into facilities' existing systems over a four-year, transitional period making it fully operational by the year 2002 (personal communication, Christine Reese, April 6, 1999).

The PPS and cost-based reimbursement methods are drastically different. Under the cost-based method, Medicare reimburses health care facilities for the actual costs that were incurred throughout the duration of patient treatment. This previous method provided payment retrospectively to health care providers; the system essentially allowed facilities to determine the amount of money received for the services they provided. Under the new PPS, reimbursement is determined by using a patient classification system called the Resource Utilization Group (RUGs) III variance. A patient's specific categorization is determined based on a score achieved

on the Minimum Data Sheet (MDS) 2.0 (personal communication, Christine Reese, April 6, 1999). The MDS is an extensive data collection form that evaluates a number of categories related to the patient including patient diagnosis, number of therapy minutes received in the seven days previous to the date the form is completed, the number of rehabilitation disciplines providing care to the patient, and the patient's functional abilities in four areas of the Activities of Daily Living (ADL) Index (personal communication, Christine Reese, April 6, 1999). Based on this classification, the amount of reimbursement is determined for all services rendered. Using the PPS, the amount of money received by facilities for Medicare patients is received by the facility prior to the conclusion of services. If a facility does not use all the money afforded to it for the care of a Medicare patient, they make a profit; on the other hand, if they run out of money before the patient has been discharged the facility loses money.

Because of the fundamental changes occurring due to the PPS, rehabilitation professions, including physical therapy, are faced with a number of challenges. First, the PPS creates a financial advantage for those facilities that can treat Medicare patients most efficiently. The facility that can provide the care that the patient requires in the most efficient manner will generate the largest profit margin. This incentive has led to increased pressure on therapists to provide care as quickly and efficiently as possible. This leaves physical therapists with the challenge of providing patients with appropriate and adequate care while keeping in mind the costs incurred by the facility. Second, under the PPS, evaluation time is not reimbursable. As a result, there is pressure on therapists to minimize their evaluation time and spend more time on treatment. Again, this leaves therapists with a unique challenge; they must make sure they generate enough information during the evaluation to effectively treat the patient, but they need to streamline their evaluation to avoid unnecessary costs to the facility. Finally, the new payment system leaves therapists with several

ethical questions that must be considered. Is it appropriate to provide the patient with increased treatment within the first seven days of care to drive up the reimbursement rate? Is the priority of the therapist the patient, who may need additional care after the money is gone, or the facility, which will go out of business if they incur too many costs? Also, what liability issues arise if an important piece of information is missed during an abbreviated evaluation, or if treatment is discontinued in order to save money?

The new payment system, which began to be integrated into our health care delivery system in July 1998, has far-reaching effects for both the health care provider and patient. Physical therapists need to have a good understanding of this important piece of legislation, as it will directly affect how they treat their patients. Physical therapists are going to have to create methods to work within the constraints of the system while providing patients with the care they need. For example, therapists may have to shift towards focusing on more patient/family education and home programs, or they may have to spread out treatment sessions in an effort to conserve money for the facility. The utilization of paraprofessionals and support staff may also be increased in an attempt to curb costs. It is important to note that by maintaining thorough, objective documentation, our profession may be able to demonstrate a need to increase our reimbursement dollars in order to achieve acceptable outcomes in the future. These issues, and others, are facing the physical therapy profession today. In order to work effectively within the system and make an attempt to change it in the future, health professionals need to know the implications of this law.

Physical Therapy and the $1500 Cap

When the Balanced Budget Act of 1997 was signed and enacted into law, an arbitrary cap of $1500 was placed on the amount of money Medicare would cover for

patients receiving rehabilitation therapy services. This cap applied to all practice settings with the exception of hospital outpatient clinics. Originally, the law stated that each Medicare patient would receive up to $1500 per year for physical therapy and speech therapy. Also, patients could receive an additional $1500 for occupational therapy services per year. Since its inception, this piece of legislation has been rewritten so that Medicare patients are afforded $1500 per year per facility for physical and speech therapy and $1500 per year per facility for occupational therapy (Cooney, 1997; Ellis, 1998; "Policy Briefs", 1999). Given the high cost of health care today, this money does not cover an adequate amount of therapy services for most people.

Unfortunately in our health care system today, reimbursement plays a key role in determining how we treat our patients. When reimbursement was not an issue, patients could be treated extensively for a long period of time until goals were reached; the therapist was afforded the luxuries of time and money. However, today, we must determine how to be most effective within a limited time frame with minimal financial resources. This may mean the therapist has to shift more responsibility towards the patient with the use of education and home maintenance programs, or office visits may have to be spaced apart to conserve dollars. In addition, is it appropriate to intentionally shift patients from clinic to clinic so that they may receive the amount of therapies that the condition warrants? If a therapist was unaware of this law, they would not understand the importance of prioritizing treatment interventions, and as a result, their outcomes would be less than optimal.

Although the physical therapy field is finding itself in a situation in which dollars are scant and resources are tight, there are a few benefits. First, this system is creating a competitive market among therapist for the first time, and the more effective therapists are going to find themselves on top of the field. This will hopefully be an incentive for health care professionals to attempt to improve their

clinical skills through continuing education classes and specialization programs. Second, clinicians are being forced to be creative and efficient within their practice, which is something there has not been a drive to do in years past. The legislative topics addressed in this discussion are obviously having an enormous impact on health care across the nation; however, it may actually play a role in creating better therapists for the future.

The Physical Therapy Market

For the first time in the history of the profession, physical therapists are finding themselves within a competitive market. This phenomenon is a result of a number of factors. The increase of new educational programs has created growth in the number of new entrants to the field. Also, the reduction in financial resources has resulted in insurance providers reimbursing those facilities with the most efficient outcomes. This has led to increased competition among physical therapy clinics. In addition, the influx of foreign-trained therapists is being felt as the job market tightens. As jobs become scarce, job security is reduced and physical therapist salaries diminish. Job layoffs and salary cuts within the rehabilitation field are becoming more common (Meehan, 1999; Meehan & Haglund, 1999). The effects of this increasingly competitive market are being experienced nationwide.

Practicing physical therapists need to take an active role in the efforts to avoid a drastic oversatuation of the physical therapy field. Clinicians need to voice concerns to their political representatives to generate their support in minimizing the influx of foreign-trained therapists into the job market. Also, clinicians need to learn how to effectively market our profession to the politicians and public. Physical therapists need to educate people about the benefits of rehabilitation and why it is important that patients are afforded the opportunity and financial resources to receive adequate therapy services. We also need to ensure the integrity of our professional

scope of practice as it is outlined in each state's practice act so that we can maintain our competitive position in the health care market. Finally, we need to provide reliable outcomes measures in an attempt to improve reimbursement rates in the future. It is the professional responsibility of every practicing physical therapist to play a role in improving the outlook for our field's future.

Current Status of Government Issues Discussed in this Report

Political action is an extremely fluid process. Of all of the governmental issues discussed in this report, only one is unchanged, that being the Executive Order 1997-13. The reason this remained unchanged is due to the fact the entire ordeal was concluded prior to the beginning of this study. Of the two state issues, the Chiropractic Bill (SB 315) and the Physical Therapy Bill (SB 602/HR 4833), both were considered dead when the 105th Michigan Legislature adjourned in December 1998. Neither has been introduced into the 106th Session as of mid-April 1999.

The APTA is considering amendments to the original bill to clarify its purpose of establishing standards for PTA's. The primary change includes replacing the term registration with the term certification. The APTA Model Practice Act points out that the three goals defined in the original bills, to standardize educational requirements, to standardize a board examination requirements, and to protect the title, actually refer to a certification rather than a registration. The APTA Model Practice Act also contends that certification will remove the expectation of a scope of practice for the PTA which usually implies licensure. According to Justin Moore, APTA Assistant Director of Government Affairs, another concern of the MPTA is that the Physical Therapy Practice Act will be opened. Opening of this will allow other professional groups to attempt to limit what physical therapists can do. For example, chiropractors may try to change the physical therapists' status of spinal manual therapy. As of mid-April, no bill considering PTA certification has been introduced to the 106th

Michigan Legislature.

On the national level, Immigration Policies have been continuously changing. It is not within the scope of this paper to discuss all aspects of the Immigration Policy. However, some recent developments that have taken place regarding this policy can demonstrate the importance of physical therapists getting involved and staying active with political issues.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) Section 343, states that uncertified immigrants or non-immigrants are not able to work as a health care professional in the United States. It is the Immigration and Nationality Act of 1996 (INA) that explains what entails certification. According to the INA, an immigrant or non-immigrant must obtain a certificate that verifies their education, training, licensing, experience, and English competency. An important provision to this act is that only specified independent credentialing organizations can issue certificates. This went into effect in 1996 and as of mid-April 1999, only two organizations, the Commission on Graduates of Foreign Nursing Schools and the National Board for Certification in Occupational Therapy, have been designated by the INS to provide the certification outlined. The physical therapy profession does not have a credentialing organization at this time to screen foreign trained therapists.

The INS and Department of State have therefore created the Interim Rule which went into effect December 1998. Basically this rule states that certification requirements are being waived for those foreign health care workers seeking temporary, non-immigrant status. This will continue until regulations are developed and implemented, and a credentialing organization for physical therapy is accepted.

Finally, action has been taken in the United States Congress to modify the implications of the Balanced Budget Act of 1997. During the 105th Congress, the Reinstatement of the Rehabilitation Benefits for Seniors Act (HR 3835) was introduced. According to Patrick Cooney, APTA Senior Policy Advisor, this act

basically repealed the $1500 cap implicated by the Balanced Budget Act of 1997. When the 105th Congressional session ended in December of 1998, so did this bill. Assuming an act with such a strong purpose would probably not go far in the legislative process, a new modified act was introduced into the 106th Congress. Senator Charles Grassley sponsors this act, The Medicare Rehabilitation Benefit Improvement Act of 1999 (SB 472). The purpose of SB 472 is not to repeal the $1500 cap, but rather make modifications to the Balanced Budget Act of 1997 so that reimbursement issues do not negatively impact Medicare patients health status. Two specific changes are included. First, it would provide certain clients with an exception to the financial limitations that the cap enforces. For example, if a patient needs health care services at the beginning of the year, he or she will also have services available later in the same year if needed. Secondly, this act allows the Secretary of Health and Human Services to examine and define exceptions to the cap, possibly based on diagnosis. The goal is that chronic care needs will receive the necessary care. According to Mr. Cooney, as of April 12, 1999, the APTA was hoping to find a sponsor to an identical bill to introduce into the United States House of Representatives.

Limitations

As stated earlier, this study has many limitations. Possibly most important is the survey instrument utilized. It has not been tested for reliability or validity. This must be considered when reviewing the results. The reason for there being no reliable or valid instrument by which to measure this type of information is due to the fact that legislative issues are constantly changing. If this survey were tested for validity and reliability, it would be obsolete should anyone try to utilize it for future research. The survey was made up of only eighteen questions. Because of the limited number of topics and questions, the ability to transfer the results to the

amount of general legislative knowledge of physical therapists is limited. We acknowledge that some physical therapists may have an abundance of knowledge on issues that were not covered, but yet scored low on this survey because of the specific issues that were included.

Another limitation includes the scoring process. Initially, the participant would get a +1 for a correct answer and a -1 for an incorrect answer. The choice of "do not know" was added in hopes to sway the participant from guessing. After collecting the surveys and adding the scores, we realized we were working with negative knowledge, which was undesirable. It was decided to only use the number of correct answers for our data. In hindsight, the positive or negative scoring values would not have been used. The changing of the original scoring technique is considered another limitation of this study.

The researchers were satisfied with the usable rate of 39%. However, this is only a percentage of a small sample, limiting the ability to transfer the findings to the general physical therapist population. We also cannot verify the type of population that actually returned the survey. Generally, individuals who know a little about a topic are the ones who will fill out and return surveys such as this one. Therefore, our 39% return rate may constitute most people who have some knowledge on the topic and the 60% that did not return the surveys have an insufficient amount of knowledge on these issues. Also recognized as a potential limitation are the possibilities of the respondents discussing or investigating the topics addressed prior to answering the survey.

Suggestions for Further Research/Modifications

The subject matter examined in this study is largely unresearched up to this point. Considering the results of the current study, it would be of interest to examine related issues in the future. Exploring a broader spectrum of legislation to generate a

more accurate picture of professional knowledge concerning these issues would be of interest. It seems important to examine these issues on a national level, as well, to determine if this apparent lack of knowledge is a national phenomenon or localized to particular regions of the country. As stated before, it would be helpful to understand the reasons why individuals appear reluctant to take the initiative to develop their education in this area. With so many legislations affecting health care today, it would be interesting to compare which professions seemed to be most informed about the affairs affecting their profession and if those with the more powerful PACs tended to be more knowledgeable.

Conclusion/Summary

Politics is an area that has had effects on the physical therapy profession since its conception and will continue to affect it in the future. Although the majority of professionals demonstrate some basic knowledge related to legislative issues affecting physical therapy, it seems that this knowledge is currently at an insufficient level for successfully integrating these issues into clinical practice. Up to this point, many professionals have apparently taken a passive role in educating themselves about current legislation and have relied upon the professional association to interpret and negotiate political affairs concerning the field of physical therapy. In these times of on-going changes of health care reform, practicing professionals must remain active in politics to ensure quality of patient care and job security in the future.

In the minds of health care professionals, it is unclear what the future holds for our health delivery system. What is evident is that governmental affairs have become an important issue for every practicing professional because of the impact they have had on patient care. The previous discussion reflects how these political actions are impacting clinical practice and professional ethics on a daily basis. Health professionals need to have a working knowledge of how these issues affect their

practice so that they can change their intervention strategies as needed. Health care workers also need to be cognizant of the numerous ethical questions these political issues are raising for our profession, and each individual must determine how they will resolve these conflicts. Although we are practicing in a system that is far from ideal, we must do the best that we can do until change can be brought about so that patients can receive the treatment they require.

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APPENDIX A:

SURVEY INSTRUMENT

Survey Questions

Directions: Please circle "True", "False", or "Do Not Know" for each question below. Scoring will be done in the following manner:

Correct answer = 1 point
Incorrect answer = -1 point
Do Not Know = 0 points

True False Do Not Know The American Physical Therapy Association has a Government Affairs Department that works directly with lobbyists and legislators in Washington D.C.

True False Do Not Know The American Physical Therapy Association's political action committee (PAC) is one of the ten largest PACs in the United States.

True False Do Not Know Funding for non-hospital based outpatient physical therapy services will be limited to $1500 per year per Medicare patient secondary to the passing of the Balanced Budget Act of 1997.

True False Do Not Know The Michigan House of Representatives is considering a bill allowing limited direct access for physical therapy in accord with the Individuals with Disabilities Education Act (IDEA).

True False Do Not Know The State Board of Physical Therapy's duties include receiving and processing complaints related to physical therapists in the state of Michigan.

True False Do Not Know The governor of Michigan in an executive order attempted to abolish the State Board of Physical Therapy in August 1997.

True False Do Not Know The executive order was rescinded in October 1997.

True False Do Not Know There is currently no board-certified examination for physical therapist assistants in Michigan.

True False Do Not Know There is currently no state law specifically defining the duties and certification requirements of a physical therapy assistant.

True False Do Not Know Massage therapists are seeking licensure in the state of Michigan.

True False Do Not Know A current bill in the state legislature would allow chiropractors to treat body segments beyond the spinal column.

True False Do Not Know Passing of the Chiropractic Bill would allow chiropractors to prescribe rehabilitative exercise as treatment.

True False Do Not Know The Chiropractic Political Action Committee is one of the largest and most influential in Michigan and the United States.

True False Do Not Know The Chiropractic Bill limits physical therapists' usage of manual therapy techniques relating to the spinal column.

True False Do Not Know The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 requires foreign-trained clinicians to be evaluated regarding their education level, experience, and English proficiency prior to receiving a visa.

True False Do Not Know The physical therapy profession is still considered an undersupplied profession according to the United States Department of Labor.

True False Do Not Know Employers are not required to demonstrate that they have attempted to recruit United States citizens prior to hiring foreign-trained clinicians.

True False Do Not Know The APTA is attempting to remove foreign-trained therapists from the temporary visa program due to a large number of these clinicians failing the national licensure exam.

Demographic Data

1. Are you currently a member of the American Physical Therapy Association?

__ Yes _ No

a) With which sections, if any, are you affiliated (Please check all that apply)?

__ Acute Care/Hospital Clinical Practice
__ Administration
__ Aquatic Physical Therapy
__ Cardiopulmonary
__ Clinical Electrophysiology
__ Home Health
__ Education
__ Geriatrics
__ Neurology
__ Oncology
__ Orthopaedic
__ Pediatrics
__ Private Practice
__ Research
__ Sports Physical Therapy
__ Veterans Affairs

__ Hand Rehabilitation __ Women's Health
__ Health Policy, Legislation, and Regulation

b) Have you ever served on any committees within the APTA or MPTA?

__ Yes __ No

c) Have you ever held an office in the APTA or MPTA?

__ Yes __ No

2. How many years have you been practicing physical therapy?

__ 0-10 __ 11-20 __ 21-30 __ >30 years

3. What is your current age:

__ 20-29 __ 30-39 __ 40-49 __ 50-59 __ 60-69 __ 70+ years

4. Please indicate all settings in which you have practiced:
__ Outpatient __ Pediatrics
__ Acute Care __ Geriatrics
__ Subacute Care __ School system
__ Long-term Care __ Other (Please specify type of setting)

5. What is your highest level of education achieved?

__Bachelor's degree __ Master's degree __ Ph. D. __ D.P.T

6. Are you currently a registered voter?
__Yes __No

7. How would you characterize your voting behavior in state and national elections(please check one)?
__I **always** vote in state and federal elections
__I **usually** vote in state and federal elections
__I **sometimes** vote in state and federal elections
__I **occasionally** vote in state and federal elections
__I **never** vote in state and federal elections
__I only vote in state elections
__I only vote in federal elections

Thank you for taking the time to complete this survey. Your cooperation is greatly appreciated.

APPENDIX B:

COVER LETTER

July 28, 1998

To Participant:

The enclosed survey is being utilized in a research study currently being conducted by physical therapy graduate students at Grand Valley State University. The purpose of this study is to determine the knowledge level among licensed physical therapists regarding current state and federal legislative issues. There are many issues currently in the legislature that will have a direct impact on the practice of physical therapy. It is the hope of the researchers to demonstrate the level of involvement among practicing physical therapists regarding legislative issues

This survey will take approximately 10 minutes to complete. The investigators request that all participants refrain from discussing their responses with their peers or researching information related to the survey questions in order to avoid bias.

All information shall remain confidential as only the researchers named below will have access to names and addresses. By returning the completed survey, you are giving your informed consent to the researchers to use the survey answers provided. Do not write your name or other identifying marks on the survey or return envelope. Please complete the survey and return it in the self-addressed stamped envelope by August 14, 1998.

If you have any questions, you may contact Alexis Snyder at the address below or call (616) 475-0889. You may also contact Dr. Jane Toot at (616) 895-3605 or Dr. Paul Huizienga at (616) 895-2472 with questions or concerns related to this study. Your cooperation is greatly appreciated.

Thank you.

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