



Alaska Board of Physical Therapy and Occupational Therapy Board Meeting - August 7, 2025

Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2025-08-07 08:00 - 11:00 AKDT

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Board members:

- Valerie Phelps, Chair
- Victoria "Tori" Daugherty, Secretary
- Rebecca Dean, Public Member
- Jonathan Gates
- Michelle Scott-Weber
- Eliza Ellsworth

Staff members:

- Reid Bowman, Program Coordinator 2
- Shane Bannarbie, Program Coordinator I
- Sheri Ryan, Licensing Examiner 3

Alaska State Physical Therapy and Occupational Therapy Mission Statement

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
3. Issuing temporary permits and licenses to qualified persons.
4. Monitoring compliance with continuing education requirements.
5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

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PHY Strategic Plan

Key Goals/Strategies for Building and Growing Physical and Occupational Therapy for Alaska



Scope of Practices Update

The board will develop updated statutory scope of practices for Occupational Therapy and Physical Therapy.



Enforcement

Create a fair and standardized disciplinary matrix from which to address infractions of ethics and breaches of licensing statutes and regulations and clarify board involvement.



Licensing

Enact Compact Licensure for both Physical Therapy and Occupational Therapy.

Streamline administrative process.

Seek statutory change to add an Administrative Executive for the board.

Seek regulatory change to eliminate 6-month post graduate internship requirement for Foreign Educated Physical Therapists and Physical Therapist Assistants.



Education

The board will work to engage licensees to better access information available to assist in clarifying statutory/regulatory guidelines as it applies to public safety.

The board will work to provide education to the public to improve expected best practices.



Professional Development

Revise continuing education requirements as needed, based on relevance to expand options for demonstrating continuing professional development.

The board will develop additional continuing education opportunities.



Recruitment + Retention

Maintain cohesive synergy of collaborative efforts of the board.

The board will stay current on national best practices and standards.

Recruitment and retention of qualified workforce.

Board Mission

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans.



BOARD OF PHYSICAL THERAPY AND OCCUPATIONAL THERAPY – SPECIAL MEETING

THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, HEREBY ANNOUNCES THE FORTHCOMING MEETING:

STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY - SPECIAL MEETING. August 7, 2025. 8:00 am. Teleconference/videoconference to conduct a special meeting to discuss board business. If you're interested in attending, the Zoom link is available at <https://us02web.zoom.us/j/8JRpl55xA>

For more information, visit

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy/BoardMeetingDatesAg>

Individuals or groups of people with disabilities who require special accommodations, auxiliary aids or service, or alternative communication formats, call the Director of Corporations, Business and Professional Licensing, (907) 465-2550, or TDD (907) 465-5437. Please provide advance notice in order for the Department of Commerce, Community, and Economic Development to accommodate your needs.

Attachments, History, Details

Attachments

None

Revision History

Created 7/22/2025 11:20:24 AM by KLCAMPBELL

Modified 7/22/2025 11:22:15 AM by KLCAMPBELL

Details

Department:	Commerce, Community, and Economic Development
Category:	Boards and Commissions
Sub-Category:	Physical Therapy and Occupational Therapy Board, State
Location(s):	Statewide, Teleconference, Videoconference
Project/Regulation #:	
Publish Date:	7/22/2025
Archive Date:	8/8/2025
Events/Deadlines:	



ETHICS ACT PROCEDURES FOR BOARDS & COMMISSIONS

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below.

Who Is My Designated Ethics Supervisor (DES)?

Every board or commission subject to the Ethics Act¹ has several ethics supervisors designated by statute.

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.²

What Do I Have To Disclose?

The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid or there is a potential conflict with state duties.
- For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, *"Ethics Information for Members of Boards and Commissions."* The executive director and staff should refer to the guide, *"Ethics Information for Public Employees."* Both guides and disclosure forms may be found on the [Department of Law's ethics website](#).

How Do I Avoid Violations of the Ethics Act?

- Make timely disclosures!
- Follow required procedures!
- Provide all information necessary to a correct evaluation of the matter!³
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

What Are The Disclosure Procedures for Board and Commission Members?

The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act **on the public record and in writing to the chair**.

Disclosure on the public record. Members must identify actual and potential conflicts orally at the board or commission's public meeting **in advance** of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter.⁴
- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

Disclosure in writing at a public meeting. In addition to an oral disclosure at a board or commission meeting, members' disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved **and** there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.
- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

Confidential disclosure in advance of public meeting. Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.
- This written disclosure is considered confidential.
- The chair may seek advice from the Attorney General.
- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter. ⁵

- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.
- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.⁶

Determinations at the public meeting. When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.
- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.
- *Exception:* A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.
- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.⁷

If the chair identifies a potential conflict, the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

Procedures for Other Member Disclosures

A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the [Department of Law's ethics website](#).

What Are The Disclosure Procedures for Executive Directors and Staff?

Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

Notices of Potential Violations. Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.

- Both the notice and determination are confidential.

Other Disclosures. The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and interests in the listed state matters, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination the employee.

How Are Third Party Reports of Potential Violations or Complaints Handled?

Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted **in writing** and **under oath**.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.⁸
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- **These matters are confidential**, unless the subject waives confidentiality or the matter results in a public accusation.

What Are The Procedures for Quarterly Reports?

Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website.
- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter and there is no other reportable activity, the DES advises the Department of Law Ethics Attorney by e-mail at ethicsreporting@alaska.gov and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

How Does A DES or Board or Commission Get Ethics Advice?

A DES or board or commission may make a **written request** to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides **advice by phone or e-mail** to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

¹ The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.

² The governor has delegated the DES responsibility to Cheryl Lowenstein, Administrative Director of the Office of the Governor.

³ You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.

⁴ In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with respect to a significant direct personal or financial interest in a state grant, contract, lease or loan because the Ethics Act prohibition applies whether or not the public officer actually takes official action.

⁵ The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.

⁶ In this manner, a member's detailed personal and financial information may be protected from public disclosure.

⁷ When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

⁸ The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

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Alaska Board of Physical Therapy and Occupational Therapy Board Meeting - August 7, 2025

Alaska Division of Corporations, Business and Professional Licensing
Thursday, August 7, 2025 at 8:00 AM AKDT to 11:00 AM AKDT
Videoconference

Meeting Details: <https://us02web.zoom.us/meeting/register/H4YPs1QpQAqw-8JRpl55xA>

Additional Meeting Details: Registration required

Agenda

1. Call to Order/Roll Call

A. Roll Call

8:00 AM

Board members:

- Valerie Phelps, Chair
- Victoria "Tori" Daugherty, Secretary
- Rebecca Dean, Public Member
- Jonathan Gates
- Michelle Scott-Weber
- Eliza Ellsworth

Staff members:

- Reid Bowman, Program Coordinator 2
- Shane Bannarbie, Program Coordinator I
- Sheri Ryan, Licensing Examiner 3

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4. Monitoring compliance with continuing education requirements.
5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

B. Ethics Reporting	8:03 AM
C. Review/Approve Agenda	8:05 AM
<u>PT/OT Statutes and Regulations - March 2025</u>	
<u>Principles of Practice - March 2015</u>	
2. Public Comment	8:10 AM
3. AO359 + AO360	8:20 AM
<u>Administrative Order No. 359: Budget Efficiency</u>	
<u>Administrative Order No. 360: Regulatory Reform</u>	
4. AO358 Regulations Exemption Request	8:30 AM
5. Legislative Initiatives	
A. OT Scope Modernization Draft Statutory Language	9:00 AM
Presenter: Victoria Daugherty	
B. PT Scope Modernization draft statutory language	9:40 AM
Presenter: Jonathan Gates	
C. Executive Administrator position - advancement strategy	10:20 AM
Presenter: Valerie Phelps	
6. Meeting Summary - Action Items	10:50 AM
7. Adjourn	11:00 AM

Sheri,

I am unable to attend the public comment on the "Scope of Practice Modernization Work Group"

I am submitting this email via your position to the board to **oppose** this "Scope of Practice Modernization."

I am, proudly, a member of the American Physical Therapy Association (APTA). I have served as a Delegate for Alaska in the APTA House of Delegates, completing 3 consecutive terms. I am the Term Assistant Professor of Physical Therapy Assistant and Academic Coordinator of Clinical Education with the University of Alaska Anchorage.

I have served on numerous boards across Health Care, including Seward Community Health Clinic, a Federally funded health Care Clinic, as President of the board. I was on the steering committee for the startup of this clinic until we received the federal grant award, then transitioned to President. I served as a member of the Board of the Seward Senior Center for multiple years and held the President seat for a term. In addition to this I served on the Seward Community Foundation board, an endowment that provides grants in areas of health, education, human services, arts and culture, youth and community development. The Seward Community Foundation is an affiliate of The Alaska Community Foundation.

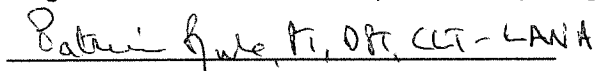
The draft document I reviewed has not presented the effect of modernization. It has limited what a licensed individual of physical therapy is allowed to perform. And in my opinion created more questions than answers. For example, Sec. 08.84.120 (10) and (11): What does this direction of the act intend? Number (1) and (4) covers these items. It is not modernization it is unnecessary redundancy.

In regards to listing of our scope of practice I have reached out to colleagues who work in states where there was a decision to create a "list" of scope. They noted issues of limiting practice do to the "list". There are current statements in our practice act that direct an individual who is practicing physical therapy under a licensed position and protects the public that sufficiently meets the needs clearly. Our work in physical therapy is not a book of exercises nor interventions specific to one individual. Our work is patient centered and allows for trust in our educational foundation to create a therapist's knowledge base for safe practice. Our practice act further supports this by the regulations, accreditations, board certified practice specializations and continuing education expectations.

It is a therapists', working in physical therapy, oath and responsibility to utilize the knowledge they have to the best interest of the patient knowing their limitations and adhering to high standards of care for their patients. Simple- if you have not been trained to do it – do not do it! It is the boards job to review any complaint or grievance presented in an individual manner. Not by checking a list to see if it was allowed. It is a patient right to question and file suit based on their interpretation of wrong doing which becomes a matter of the courts and the skill of the attorney. No practice act will be fully protective to a licensed therapist nor a patient. It is a human factor, our own interactions in our established systems, services areas, and use of gained knowledge that impact patient safety and our protections; not a list.

Opening the Practice Act is not simply opening a word document to make grammatical changes or content changes. It allows for other areas of health care services to ask for additional changes that could in effect reduce our scope of practice. I strongly encourage a judicial review to know if the language is deemed legally binding despite the cost of this process.

I urge the Board to Decline the process of opening the Practice Act for these unnecessary changes.

 Patricia A. Runde, PT, DPT, CLT - LANA

Date: 8/6/2025

Patricia A. Runde, PT, DPT, CLT- LANA; AK License 1145

APTA Member # 297087

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Topic: _____

Members may use this worksheet to write down a complex or detailed motion, then provide to staff or the chair to read aloud before the vote. This gives the member the opportunity to clearly organize their thoughts before making the motion. Alternatively, staff or the chair may use this as a worksheet to ensure they understand the motion before reading aloud for the vote or entering into the minutes.

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]



OT STATUTORY SCOPE MODERNIZATION

Work Group Summary Document

Abstract

Occupational Therapy Stakeholder Work Group convened by the Physical Therapy and Occupational Therapy Board to continue statutory scope modernization.

Tori Daugherty

OT Scope Modernization Workgroup Summary Document

The OT Scope Modernization Workgroup met six times from March 2025 to June 2025 with the goal to review the current draft of OT scope of practice language, which had been initially developed by a similar, prior workgroup in 2023. The Board adopted the language recommended by the prior workgroup on June 16, 2023.

The goal of the workgroup had been to gather stakeholder feedback related to the current draft language and to update the draft language accordingly.

The Board had reached out to occupational therapist and occupational therapy assistants through the Board's Listserv. Additionally, Sheri Ryan had reached out to leadership from AKOTA and national organizations. The first meeting gathered feedback from all stakeholders present to develop an agenda of concerns to address during workgroup meetings, as well as to establish if stakeholders present would be interested in participating in the workgroup. The subsequent meetings were coordinated to facilitate active participation from workgroup members in modifying the draft language based on stakeholder feedback.

Workgroup objectives:

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, AKOTA, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current draft of scope of practice language.
3. Modify the current language to address any needs that the workgroup identifies.
4. Address the role of OTAs in scope of practice language
5. Develop and updated draft of scope of practice language for future action steps for recommendation to the PHY Board.

Workgroup participation:

- Victoria "Tori" Daugherty, OTR - Board Member
- Kristen Neville - AOTA
- Katie Walker, OTD, OTR/L - AKOTA
- Jean Keckhut, OTR/L, CHT
- Alfred G. Bracciano, MSA, EdD, OTR/L, CPAM, FAOTA
- Kirsten Owen, OTR/L
- Audra Yewchin, OTR/L
- Sarah Rhodes, COTA
- Kathleen Hansen, OTD/OTR/L

Workgroup meeting dates and attendance:

- March 25, 2025: Tori Daugherty, Kristen Neville AOTA, Jean Keckhut, Sarah Huot = 4

- April 8, 2025: Tori Daugherty, Kristin Neville AOTA, Alfred Bracciano, Jean Keckhut = 4
- April 22, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, Kristen Neville AOTA , Jean Keckhut, and Kathleen Hansen = 5
- May 20, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, Kristen Neville AOTA, Sarah Rhodes COTA, Jean Keckhut = 5
- June 3, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, and Kristen Neville AOTA = 3
- June 30, 2025: Tori Daugherty, Katie (Walker) Johnson AKOTA, and Kristen Neville AOTA = 3; Megan Moody guest (public)

The workgroup identified the following topics of concern to discuss, review, and consider language changes. Each topic was addressed by the work group and changes to the draft language were made if needed.

- Physical agent modalities
- Feeding, eating, and swallowing
- Pelvic floor and women's health
- Diagnostic Imaging
- OTA definition
- Mental health
- Direct access
- Cognitive assessment

The following action steps were identified at the final meeting with the goal of moving this draft language forward toward legislative sponsorship.

- Katie (Walker) Johnson to meet with AKOTA board to facilitate discussions about the potential for a taskforce aimed at pursuing legislative sponsorship.
- Katie (Walker) Johnson would like to invite Kristen Neville (AOTA) and Tori Daugherty (Physical Therapy and Occupational Therapy Board) to join AKOTA's taskforce.
- Katie (Walker) Johnson will follow up with AKOTA's lobbyist regarding recommendations for next steps
- Tori Daugherty will present the workgroup's draft language to the Scope of Practice Committee on July 11
- Scope of Practices Committee will discuss the recommended draft language on July 11 and determine if this draft language should be recommended to the full Board at the next full Board meeting.
- At the next full Board meeting, Tori Daugherty will present AKOTA's request for Daugherty to serve as a member on the AKOTA taskforce, specifically requesting the Board delegate Daugherty to attend the AKOTA taskforce as a Physical Therapy and Occupational Therapy Board representative

OT Scope of Practice Modernization Work Group

Revised NEW OT Scope of Practice DRAFT Language:

(2) “occupational therapist” means a person who practices occupational therapy; **An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.**

~~(3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes~~

- ~~(A) developing daily living, play, leisure, social, and developmental skills;~~
- ~~(B) facilitating perceptual-motor and sensory integrative functioning;~~
- ~~(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;~~
- ~~(D) design, fabrication, and application of splints or selective adaptive equipment;~~
- ~~(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and~~
- ~~(F) adapting environments for the disabled;~~

Replace (3) above with:

(3) “occupational therapy” means the therapeutic use of goal-directed life activities (occupations) with individuals, groups, or populations who have, or are at risk for injury, disorder, impairment, disability, activity limitation or participation restriction. Occupational therapists evaluate, analyze, and diagnose occupational challenges and provide interventions to support, improve, and/or restore function and engagement in meaningful tasks and activities. This includes treating pain and/or physical, cognitive, psychosocial, sensory-perceptive, visual, and other aspects of performance in a variety of contexts to support and enhance engagement and participation in occupations that affect health, well-being, and quality of life. Occupational therapy services include but are not limited to:

- A. Evaluation, treatment and consultation to promote or enhance safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation;
- B. Administration, evaluation, and interpretation of tests and measurements of

OT Scope of Practice Modernization Work Group

- bodily functions and structures;
- C. Establishment, remediation, compensation or prevention of barriers to performance skills including; client factors (body structures, body functions), performance patterns (habits, routines, roles), performance skills (physical, neuromusculoskeletal, cognitive, psychosocial, sensory-perceptive, communication and interaction, pain), and contexts (environmental, personal factors);
 - D. Management of feeding, eating, and swallowing to enable eating and feeding performance;
 - E. Design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;
 - F. Assessment, recommendation, and training in techniques to enhance functional and community mobility;
 - G. Application of adjunctive interventions and therapeutic procedures in preparation for or concurrently with occupation-based activities including but not limited:
 - electrophysical agents
 - thermal, mechanical, and instrument-assisted modalities
 - wound care
 - manual therapy; and
 - H. Provide therapeutic interventions to prevent pain and dysfunction, restore function and/or reverse the progression of pathology in order to enhance an individual's ability to execute tasks and to participate fully in life activities.

~~(4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;~~

Replace (4) above with:

(4) "occupational therapy assistant" means a person who provides occupational therapy services in collaboration with and under the supervision of a licensed occupational therapist. An occupational therapist delegates to an occupational therapy assistant selective activities that are commensurate with the occupational therapy assistant's service competence. The occupational therapy assistant may contribute to the evaluation process by implementing the delegated assessments by providing verbal or written reports of assessments to the supervising occupational therapist.

Add new definition in 08.84.190 Definitions:

(8) "tests and measurements" are the standard methods and techniques used to obtain data

Accepted 06/30/2025

OT Scope of Practice Modernization Work Group

about the patient or client, including diagnostic imaging and electrodiagnostic and electrophysiological tests and measures.

BOLD and Underlined = adding language to existing statutory language

~~Strikethrough~~ = remove language from existing statutory language

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OT Scope of Practice Modernization Work Group

Highlighted text:

yellow = Diagnostic Imaging

blue = Feeding, eating, and swallowing

red = Pelvic floor and Women's Health

green = Direct Access – this will not necessarily change the practice of private payers

teal = Cognitive Assessment

grey = Dry needling

pink = Mental health; "Psychological" primarily focuses on individual mental and emotional states, while "psychosocial" considers the interaction between an individual's psychological state and their social environment.

- **Psychosocial:** This term emphasizes the interconnectedness of individual psychological processes and social contexts. It considers how social factors, like culture, relationships, and community, influence an individual's psychological well-being and behavior. Psychosocial approaches often explore how social interactions, group dynamics, and environmental influences impact mental health and functioning. While psychological focuses on the individual's internal world, psychosocial acknowledges the broader context of social relationships and environmental influences on that internal world.

BOLD and Underlined = adding language to existing statutory language

Strikethrough = remove language from existing statutory language

OT Scope of Practice Modernization Work Group

Revised NEW OT Scope of Practice DRAFT Language:

(2) “occupational therapist” means a person who practices occupational therapy; **An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.**

~~(3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes~~

- ~~(A) developing daily living, play, leisure, social, and developmental skills;~~
- ~~(B) facilitating perceptual-motor and sensory integrative functioning;~~
- ~~(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;~~
- ~~(D) design, fabrication, and application of splints or selective adaptive equipment;~~
- ~~(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and~~
- ~~(F) adapting environments for the disabled;~~

Replace (3) above with:

(3) “occupational therapy” means the therapeutic use of goal-directed life activities (occupations) with individuals, groups, or populations who have, or are at risk for injury, disorder, impairment, disability, activity limitation or participation restriction. Occupational therapists evaluate, analyze, and diagnose occupational challenges and provide interventions to support, improve, and/or restore function and engagement in meaningful tasks and activities. **This includes treating pain and/or physical, cognitive, psychological psychosocial,** sensory-perceptive, visual, and other aspects of performance in a variety of contexts to support and enhance engagement and participation in occupations that affect **health, well- being, and quality of life.** Occupational therapy services include but are not limited to:

- A. Evaluation, treatment and consultation to promote or enhance safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation;

OT Scope of Practice Modernization Work Group

B. Administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;

- C. Establishment, remediation, compensation or prevention of barriers to performance skills including; client factors (body structures, body functions), performance patterns (habits, routines, roles), performance skills (physical, neuromusculoskeletal, cognitive, psychological, psychosocial, sensory- perceptive, communication and interaction, pain), and contexts (environmental, personal factors);

D. Management of feeding, eating, and swallowing to enable eating and feeding performance;

- E. Design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices;

- F. Assessment, recommendation, and training in techniques to enhance functional and community mobility;

- G. Application of adjunctive interventions and therapeutic procedures in preparation for or concurrently with occupation-based activities including but not limited:

- electrophysical agents
- thermal, mechanical, and instrument-assisted modalities
- wound care
- manual therapy; and

- H. Provide therapeutic interventions to prevent pain and dysfunction, restore function and/or reverse the progression of pathology in order to enhance an individual's ability to execute tasks and to participate fully in life activities.

~~(4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;~~

Replace (4) above with:

(4) "occupational therapy assistant" means a person who provides occupational therapy services in collaboration with and under the supervision of a licensed occupational therapist. An occupational therapist delegates to an occupational therapy assistant selective activities that are commensurate with the occupational therapy assistant's service competence. The occupational therapy assistant may contribute to the evaluation process by implementing the delegated assessments by providing verbal or written reports of assessments to the supervising occupational therapist.

OT Scope of Practice Modernization Work Group

Add new definition in 08.84.190 Definitions:

(8) "tests and measurements" are the standard methods and techniques used to obtain data about the patient or client, including diagnostic imaging and electrodiagnostic and electrophysiological tests and measures.

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PT STATUTORY SCOPE MODERNIZATION

Work Group Summary Document

Abstract

Physical Therapy Stakeholder Work Group convened by the Physical Therapy and Occupational Therapy Board to develop draft statutory language for scope modernization.

Jonathan Gates

PT Scope Modernization Workgroup Summary Document

The PT Scope Modernization Workgroup met seven times from March 2025 to June 2025 with the goal to review the current PT scope of practice language, and discuss and develop changes to modernize and allow for future growth of the profession.

The Board reached out to stakeholders to gauge interest in participation in this workgroup through the Board's Listserv. The first meeting gathered feedback from all stakeholders present to develop an agenda of concerns to address during workgroup meetings, as well as to determine if stakeholders present would be interested in participating in the workgroup. The subsequent meetings were coordinated to facilitate active participation from workgroup members in developing draft language to be presented to the Board.

Workgroup Objectives

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, APTA-AK, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current scope of practice language - AS 08.84.190(7)
3. Develop draft language to address any needs that the workgroup identifies.
4. Address the role of PTAs in scope of practice language
5. Develop an updated draft of scope of practice language with future action steps for recommendation to the PHY Board.

Work Group participants:

- Jonathan Gates - PHY Board Member
- Leslie Adrian, FSBPT
- Rebecca Byerley - APTA-AK
- Sarah Kowalczyk
- Mark Venhaus
- Tina McLean
- Mark Cunningham
- Cortland Reger

Meeting dates:

- March 25, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Rebecca Byerley, Sarah Kowalczyk, Mark Venhaus
- April 8, 2025 – Jonathan Gates, LeeAnn Carrothers, Leslie Adrian, Mark Venhaus, Rebecca Byerley, Tina McLean
- April 22, 2025 – Jonathan Gates, Leslie Adrian, Rebecca Byerley, Sara Kowalczyk, Mark Venhaus, LeeAnn Carrothers, Mark Cunningham, Cortland Reger

- May 6, 2025 – Jonathan Gates, Rebecca Byerley, Tina McLean, Mark Cunningham, Sarah Kowalczyk
- May 23, 2025 – Jonathan Gates, Rebecca Byerley, Mark Cunningham, Mark Venhaus, Tina McLean; Guests Jeffrey Gordon and Molly Self
- June 5, 2025 – Jonathan Gates, Rebecca Byerley; written comments submitted by Tina McLean
- June 17, 2025 – Jonathan Gates, Tina McLean, Leslie Adrian, Mark Cunningham, Sarah Kowalczyk, Rebecca Byerley; public comment Molly Vaughan APTA Alaska Imaging work study group

The workgroup identified the following topics of concern to be addressed as draft language was developed:

- Avoid a long list of permitted interventions. Ensure broad language that can be defined more in regulation.
- Supervision of PTAs, and types of supervision.
- Term Protection
- Direct Access (PTs as primary care for conditions w/in PT SOP)
- Rural Access
- Avoiding language inferring PTs practicing outside of SOP, to avoid negative perception
- No changes to be made to Article 4 (PT Compact)
- Finalized proposed changes and language for submission to the PT/OT Board

Major Changes suggested by the workgroup:

1. Adopt portions of the FSBPT Model Practice Act (MPA) - as this is the gold standard, per FSBPT, for state practice acts; and has been developed and refined by FSBPT. Originally printed in 1997, the most recent revision was in 2022. Review of all state practice acts found that many states have made a similar change to this model, or a portion thereof.
2. Classify Physical Therapists as Primary Care Providers for conditions within the PT SOP, as stated in this document. This is currently the model of the US Army, and has been adopted, or is in process of legislative proposal, in Montana, Oregon, and Utah - setting a precedent as a growing national trend in the field of PT.

Recommendation For Next Steps:

1. It is recommended that the Board create a task force to work in collaboration with stakeholders (APTA-AK, FSBPT, and licensees), to aid in the legislative process for this bill.
 - a. There are concerns from the stakeholders, as well as licensees, that the board is going to push these changes through without seeking further public input.

- b. We were told that, while the national APTA is in agreement with FSBPT's MPA, the AK-APTA will oppose these changes.
- 2. Create a regulations project involving omitting the wording in **12 AAC 54.530(a)** that limits telerehabilitation to “geographic constraints or health and safety constraints.” See **Centralized Statute 08.02.130**
 - (a) The purpose of this section is to establish standards for the practice of ~~telerehabilitation~~ **telehealth** by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. ~~and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.~~
 - a. Telehealth is considered the same as any other practice setting by FSBPT. This language is overly restrictive and antiquated.
 - b. Also consider changing the phrasing from “telarehabilitation” to “telehealth”, for continuity in phrasing.
- 3. Collaborate with the OT Modernization Workgroup to ensure statute language is cohesive between the two professions, as recommended by the Scope of Practice Committee.

CHAPTER 84.
PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

Article

1. State Physical Therapy and Occupational Therapy Board (§§ 08.84.010, 08.84.020)
2. Licensing (§§ 08.84.030 – 08.84.120)
3. Unlawful Acts (§§ 08.84.130 – 08.84.180)

ARTICLE 1.
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

Section

01. Legislative Intent

10. Creation and membership of board
20. Applicability of Administrative Procedure Act

Sec. 08.84.001. Legislative Intent

This act is enacted for the purpose of protecting the public health, safety, and welfare, and provides for jurisdiction administrative control, supervision, licensure, and regulation of the practice of physical therapy and occupational therapy. It is the legislature's intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy and occupational therapy as authorized by this act. This act shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

Sec. 08.84.120. Refusal, revocation, and suspension of license; discipline. (a) The board may refuse to license an applicant, may refuse to renew the license of a person, may discipline a person, and may suspend or revoke the license of a person who

- (1) has obtained or attempted to obtain a license by fraud or material misrepresentation;
- (2) uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy or occupational therapy competently and safely;
- (3) has been convicted of a state or federal felony or other crime that effects the person's ability to practice competently and safely;
- (4) is guilty, in the judgement of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;

- (5) has continued to practice physical therapy or occupational therapy after becoming unfit because of physical or mental disability;
- (6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person;
- (7) as a physical therapist assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist;
- (8) as an occupational therapy assistant, has attempted to practice occupational therapy that has not been supervised by a licensed occupational therapist; or
- (9) has failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board.

(10) Practicing or offering to practice beyond the scope of the practice of physical therapy.

(11) Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.

- (b) The refusal or suspension of a license may be modified or rescinded if the person has been rehabilitated to the satisfaction of the board.
- (c) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if the licensee
 - (1) or another licensed health care provider is available to provide follow-up care;
 - (2) requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and
 - (3) meets the requirements established by the board in regulation.
- (d) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (c) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.

ARTICLE 5. GENERAL PROVISIONS

Section

190. Definitions

200. Short title

Sec. 08.84.190. Definitions. In this chapter, unless the context otherwise requires,

(1) “board” means the State Physical Therapy and Occupational Therapy Board;

(2) “occupational therapist” means a person who practices occupational therapy;

(3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes

(A) developing daily living, play, leisure, social, and developmental skills;

(B) facilitating perceptual-motor and sensory integrative functioning;

(C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;

(D) design, fabrication, and application of splints or selective adaptive equipment;

(E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and

(F) adapting environments for the disabled;

(4) “occupational therapy assistant” means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;

(5) “physical therapist” means a person who practices physical therapy;

(6) “physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation;

(7) “physical therapy” means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.

(2) “Competence” is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client’s role and environment.

(3) “Consultation” means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.

(4) “Continuing competence” is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

(5) “Electronic Communications” means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

(6) “Nexus to practice” means the criminal act of the applicant or licensee posing a risk to the public’s welfare and safety relative to the practice of physical therapy.

(7) “Patient/client” means any individual receiving physical therapy from a licensee, permit, or compact privilege holder under this Act.

(8) “Physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation.

(9) “Physical therapist” means a person who is a licensed healthcare practitioner pursuant to this act to practice physical therapy. The terms “physiotherapist” or “physio” shall be synonymous with “physical therapist” pursuant to this act. A Physical Therapist may evaluate, initiate, and provide physical therapy treatment for a client as the first point of contact without a referral from other health service providers.

(10) “Physical therapy” means the care and services provided in-person or via telehealth by or under the direction and supervision of a physical therapist who is licensed pursuant to this act. The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this act.

(11) “Practice of physical therapy” means:

a. Examining, evaluating, and testing patients/clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to

determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

b. Alleviating impairments, pain, functional limitations and disabilities; promoting health; and preventing disease by designing, implementing and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training in self-care and in home, community or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment.

c. Reducing the risk of injury, impairment, functional limitation, and disability, including performance of participation-focused physical examinations and the promotion and maintenance of fitness, health, and wellness in populations of all ages.

d. Serving as primary care providers for patients and clients experiencing healthcare concerns.

e. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.

f. Engaging in administration, consultation, education, and research.

- (12) “Telehealth” is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

- (13) “Testing” means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.

(Will need to incorporate new occupational therapy definitions in alphabetical order under AS 08.84.190)

Work Group Recommendations for associated Regulations Project:

***Telehealth:**

Omit phrase from 12 AAC 54.530(a).

Change Telerehabilitation to Telehealth - 12 AAC 54.530. (regulation project) and omit wording limiting to “geographic constraints or health and safety constraints.” See Centralized Statute 08.02.130

(a) The purpose of this section is to establish standards for the practice of ~~telerehabilitation~~ **telehealth** by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. ~~and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.~~

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Scope of Practice Committee Commentary

Commentary prepared by Daugherty to identify some of the Scope of Practice Committee's thoughts and recommendations related the PT/OT Scope of Practice Modernization Workgroups.

When reviewing this document, please remember that the PT and OT workgroups operated independently. Both workgroups developed draft language, but changes are needed to reconcile the language between these drafts. Scope of Practice Committee reviewed the draft language after completion of the workgroups with the goal of aligning the language between PT and OT.

Scope of Practice Committee did not intentionally change the content, value, or character of the concepts/language included in the drafts. SOP Committee only focused on cross-walking the differences between OT and PT language.

As a general reminder, our administrative code is shared between PT and OT. Definitions apply to both disciplines. A definition written for PT also impacts OT.

These notes are structured and organized as follows:

- TOPIC TITLE
- PT workgroup draft language
- OT workgroup draft language
- Proposed draft changes following Scope of Practice Committee review
- Commentary

LEGISLATIVE INTENT

PT workgroup draft language

Sec. 08.84.001. Legislative Intent

This act is enacted for the purpose of protecting the public health, safety, and welfare, and provides for jurisdiction administrative control, supervision, licensure, and regulation of the practice of physical therapy and occupational therapy. It is the legislature's intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy and occupational therapy as authorized by this act. This act shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

Commentary

Of note, this language was addressed by PT workgroup. OT workgroup only addressed the scope of practice language included in the definitions of OT and OTA. OT workgroup did not review this proposed language

PRACTICING BEYOND THE SCOPE

PT workgroup draft language

Sec. 08.84.120 (a) (10-11)

(10) Practicing or offering to practice beyond the scope of the practice of physical therapy.

(11) Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.

Proposed draft changes following Scope of Practice Committee review

Sec. 08.84.120 (a) (10-11)

(10) Practicing or offering to practice beyond the scope of the practice of physical therapy or occupational therapy.

(11) Acting in a manner inconsistent with generally accepted standards of physical therapy or occupational therapy practice, regardless of whether actual injury to the patient is established.

Commentary

This statute applies to both physical therapy and occupational therapy. The language had been written for PT only. If this language is included, then these concepts the Board should consider if these concepts should be applied to OT, as well.

Of note, OT workgroup only addressed the scope of practice language included in the definitions of OT and OTA. OT workgroup did not review this language

CONSULTATION

PT workgroup draft language

(3)“Consultation” means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.

Proposed draft changes following Scope of Practice Committee review

Option 1: (3)“Consultation” means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.

Option 2: Remove this definition completely, so that “consultation” can have multiple meanings.

Commentary

Members of the Scope of Practice Workgroup were unable to reach a consensus regarding which option to choose.

Option 1: Concerns raised that this language may suggest that only PT can provide consultation, as OT is excluded from this definition. At a minimum, this language needs to include both OT and PT.

Option 2: Remove this definition completely. The definition provided for “consultation” in the PT draft language does not seem to expand a PT’s scope of practice. This language seems to talk about interdisciplinary communication, which may not need to be established by a definition.

Additionally, OT draft and PT draft language use “consultation” in two very different forms:

PT draft language: f. Engaging in administration, consultation, education, and research.

- Consultation is defined along the lines of interdisciplinary communication between PT and another healthcare provider

OT draft language: A. Evaluation, treatment and consultation to promote or enhance safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation

- Consultation is used as an interaction between an OT and patient. Additional examples could be interpreted to cover situations such as consulting with a company regarding appropriate grab bar installation locations, consulting with an employer to address workplace ergonomics, consulting with a patient to determine if OT services are needed.

The PT draft language invalidates the original intent of the word “consultation” in the OT draft language. Of note, OT draft language does not define “consultation.”

CONTINUING COMPETENCE

PT workgroup draft language

(4) “Continuing competence” is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

Commentary

PT draft language does not use the phrase “continuing competence.” This phrase is only present in the definitions.

ELECTRONIC COMMUNICATIONS

PT workgroup draft language

(5) “Electronic Communications” means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

Commentary

“Electronic Communications” is used in the definitions of “telehealth” and “consultation.” This document raises the option to potentially remove both of those definitions, and so “Electronic Communications” should be crosswalked and reviewed after the board finishes discussion of “telehealth” and “consultation”

NEXUS TO PRACTICE

PT workgroup draft language

(6) “Nexus to practice” means the criminal act of the applicant or licensee posing a risk to the public’s welfare and safety relative to the practice of physical therapy.

Proposed draft changes following Scope of Practice Committee review

Remove “Nexus to practice” as a definition

Commentary

PT draft language does not use the phrase “Nexus to practice”, except in the definitions. Definitions should address language that is used in statute, but this language was not used in statute.

PATIENT/CLIENT

PT workgroup draft language

(7) “Patient/client” means any individual receiving physical therapy from a licensee, permit, or compact privilege holder under this Act.

Proposed draft changes following Scope of Practice Committee review

“Patient/client” means any individual receiving physical therapy or occupational therapy from a licensee, permit, or compact privilege holder under this Act.

Commentary

These definitions apply to both PT and OT. OT should be included in the definition.

Of note, OT draft language does not include this phrase. This is the only line of OT draft language that references either patient or client: “An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.”

TELEHEALTH

PT workgroup draft language

(12) “Telehealth” is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

Proposed draft changes following Scope of Practice Committee review

Remove the definition of “telehealth”

Commentary

PT/OT statutes would not need to define telehealth, as telehealth is address by centralized statute: Sec. 08.02.130. This references AS 47.05.270(e) to define telehealth.

AS 47.05.270(e) In this section, “telehealth” means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.

PT workgroup’s definition of telehealth has content similar to centralized statute. Because centralized licensing statute already provides provisions for telehealth and a definition of telehealth, defining telehealth in PT/OT statutes would be redundant.

If the board decides to use PT’s definition of telehealth, consider adding OT.

DIAGNOSTIC IMAGING

PT workgroup draft language

e. Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.

(13) “Testing” means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.

OT workgroup draft language

B. Administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;

(8) "tests and measurements" are the standard methods and techniques used to obtain data about the patient or client, including diagnostic imaging and electrodiagnostic and electrophysiological tests and measures.

Proposed draft changes following Scope of Practice Committee review

(OT draft) B. Administration, evaluation, and interpretation of tests and measurements of bodily functions and structures;

(PT draft) e. Referring a patient/client to healthcare providers and facilities for services and tests and measurements to inform the physical therapist plan of care.

(12) “Tests and measurements” means the standard methods and techniques used to obtain data about the patient/client including but not limited to imaging, electrodiagnostic and electrophysiological tests and measures.

Commentary

The PT and OT workgroups approached identifying diagnostic imaging through similar methods, modeling language after the PT Model Practice Act and other state statutes (especially Colorado for OT.) However, the word choice “testing” vs “test and measurements” differed, as well as nuances in the chosen definitions.

“Testing” vs “Tests and measurements”: The Scope of Practice Committee recommends use of “Tests and measurements.” This is a strategic decision, as the phrase “tests and measurements” is used in the current, unaltered definition of PT.

If OT and PT language are presented as different/separate bills, it would be possible that the OT language may pass before the PT language. If that were to occur, then the definition of “tests and measurements” codified by the OT bill would expand PT scope of practice to include diagnostic imaging. This would be due to the new definition of “tests and measurements.”

If the phrase “testing” is chosen instead of “tests and measurements”, then it would be possible for OT to expand scope of practice to diagnostic imaging before the PT profession.

The phrase “testing” could potentially result in years of delay for PT, if this very specific scenario were to occur.

- Sec. 08.84.190 (7) “physical therapy” means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.

In relation to the actual definition of the chosen term “tests and measurements”: language was chosen to try to capture the points of interest that workgroup members identified during the drafting process. Of particular note, the PT workgroup had specific concerns to omit the word “diagnostic” prior to imaging when reviewing the PT Model Practice Act. OT workgroup members did not have this same concern. Additionally, the PT workgroup had value in the phrase “patients/clients”, which PT workgroup also defined.

Talking Points for Board Members

The executive administrator can perform duties that the licensing examiner can't, such as:

- Serving as a liaison to the legislative and executive branches of state government, the media, and the Alaska state physical therapy and occupational board.
- Gathering and maintaining workforce data working pertinent to recruitment and retention per the board's parameters.
- Issuing temporary and limited permits and permanent licenses for physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants, unless questions or concerns exist.
- Clearing random and mandatory continuing education audits, unless technical expertise required.
- Drafting proposed regulations and identifying necessary changes.
- Serving as a Compact Commission delegate, if elected to do so.

All of this is in addition to the work done by the Licensing Examiner now, which will continue, which includes:

- Perform a wide variety of administrative assignments necessary to ensure qualified individuals are issued professional licenses for physical therapists, physical therapist assistants, occupational therapists, and occupational therapist assistants in a timely manner.
- Collaborate with the PT compact to assure all compact privilege applications are processed appropriately and according to Compact and state requirements.
- Perform duties to include managing applicant files in a variety of formats, utilizing the in-house professional licensing database effectively, communicating with licensees verbally and in writing, and ensuring supplemental documentation is accurate, complete, and compliant with licensing standards. Licensing examiners are often the primary point of contact for the public and serve as a liaison between the division and applicants.
- Attend Board meetings, committee, workgroup and subcommittee meetings, take minutes at meetings, type up minutes, post public notices as required, coordinate industry collaboration with the board as required.
- Perform duties associated with regulation of licensees under this chapter as prescribed by the board
- Serve exclusively to the physical therapy and occupational therapy board and shall not serve in any capacity to any other boards.
- Serves as the first point of contact in correspondence for the board and is often responsible for responding based on board discussion.

The Alaska State Physical Therapy and Occupational Therapy Board (PTOT Board) is seeking legislation to create an EXECUTIVE ADMINISTRATOR position

Boards may choose to seek a dedicated professional-level position called an Executive Administrator to support their licensing program. Executive administrators are employed by the division. They work closely with the board chair and perform day-to-day activities that support the licensing program and board projects, such as shepherding regulations, interacting with stakeholders, presenting at conferences, testifying on legislation, interacting with attorneys on board matters, and potentially representing the boards on national board or commissions.

Executive administrators may supervise other division staff, such as licensing examiners or administrative assistants. Depending on the size and complexity of the program, the executive administrator will likely replace the existing licensing examiner(s) and/or program coordinators(s).

Alaska boards with executive administrators currently:

- **Board of Nursing** – range 25 due to requirement for master’s degree in nursing in AS 08.68.111(a), which makes it very difficult to find and retain someone for this position
- **State Medical Board** – range 23 per AS 08.64.103(b)
- **Board of Pharmacy** – range 23 per AS 08.80.270(a)
- **Board of Public Accountancy** – range 23 per AS 08.04.055(c)
- **Big Game Commercial Services Board** – range 23, created by funding for a range 23 position rather than statute, SB 29 currently in process to put range 23 PX position into statute
- **Board of Marine Pilots** – range 20, range not in statute; called the “marine pilot coordinator”, but functions very similar to an executive administrator
- **Real Estate Commission** – range 19, range not in statute
- **Board of Registration for Architects, Engineers, and Land Surveyors** – range 18, range not in statute, but the board is currently seeking legislation to put range 23 into statute

A range 23A position in the partially exempt service will cost approximately \$155,868; \$98,943 in salary and \$56,925 in benefits. This position will replace the Licensing Examiner position, range 17, and will also take over duties of the Program Coordinator 1/2 that assist the Licensing Examiner with higher level projects currently. This board anticipates the Executive Administrator position would offset current staffing costs.

Revenue and Expenditures for the PTOT Board can be found on page 37 [FY2025 Quarter One Schedule of Revenues and Expenditures](#).

Justification for an Alaska State Physical Therapy and Occupational Therapy Board Executive Administrator.

1. The Physical Therapy and Occupational Therapy Board has experienced a 27% increase of licensee processing in FY24 as compared to FY23. This is expected to increase with the implementation of the Physical Therapy Licensure Compact, enacted in Alaska through the passage of SB 74 in the 33rd Legislative Session.

2. The Physical Therapy and Occupational Therapy Board has experienced a 50% increase in board and board committee meetings in the past two years, as compared to prior years, due to changes in the industry and licensee correspondence questions requiring further interpretation.
3. The Physical Therapy and Occupational Therapy Board has experienced an increase in work tasks involving the attendance of the licensing examiner, taking and typing of minutes by the licensing examiner, and public noticing for all full board, committee and workgroup meetings by the licensing examiner.
4. The Physical Therapy and Occupational Therapy Board has antiquated practice acts for the respective professions consisting of statutes and administrative codes that were last updated overall in the early to mid-1990s. The Board has been successful in the past two years of passing HB 99 (32nd Legislature), which pertained to updating industry terms with regard to the practice of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants. It also updated credentialing and qualification requirements for Foreign Educated therapists in the State of Alaska.
5. The passage of the Physical Therapy Licensure Compact legislation (SB 74) in the 33rd Legislative Session will improve administrative flow of the board for licensee application process as well as improve patient access and safety to more qualified licensees in the state of Alaska. However, this also creates additional work for the board as it now has one voting member seat on the Compact Commission. If an executive administrator position is created, that individual could be elected by the board as the Commission member.

For information on how executive administrators operate and work for boards now, please contact Alaska Division of Corporations, Business, and Professional Licensing Director, Sylvan Robb, at (907) 465-2524 or sylvan.rob主@alaska.gov; or Deputy Director, Glenn Saviers, at (907) 465-2691 or glenn.saviers@alaska.gov

Requested Statutes

AS 08.84.xxx. EXECUTIVE ADMINISTRATOR OF THE BOARD.

The Department of Commerce, Community, and Economic Development, with the approval of the board, shall employ an executive administrator to carry out the duties established by the board. The executive administrator is the principal executive officer of the board. The executive administrator is in the partially exempt service under AS 39.25.120 and is entitled to receive a monthly salary equal to a step in Range 23 on the salary schedule set out in AS 39.27.011(a). The board may delegate authority to the executive administrator to conduct board business.

AS 08.84.010. CREATION AND MEMBERSHIP OF THE BOARD.

(b) The board shall control all matters pertaining to the licensing of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants and the practice of physical therapy and the practice of occupational therapy. The board shall

- (1) pass upon the qualifications of applicants;
- (2) provide for the examination of applicants;
- (3) issue temporary permits and licenses to persons qualified under this chapter;

- (4) suspend, revoke, or refuse to issue or renew a license under AS 08.84.120;
- (5) keep a current register listing the name, business address, date, and number of the license of each person who is licensed to practice under this chapter;
- (6) adopt regulations under AS 44.62 (Administrative Procedure Act) necessary to carry out the purposes of this chapter, including regulations establishing qualifications for licensure and renewal of licensure under this chapter;
- (7) implement the Interstate Physical Therapy Licensure Compact under AS 08.84.188[.]; and
- (8) establish the qualifications and duties of the executive administrator**

AS 39.25.120. PARTIALLY EXEMPT SERVICE.

(c) The following positions in the state service constitute the partially exempt service:

- (1) deputy and assistant commissioners of the principal departments of the executive branch, including the assistant adjutant general of the Department of Military and Veterans' Affairs;
- (2) the directors of the major divisions of the principal departments of the executive branch and the regional directors of the Department of Transportation and Public Facilities;
- (3) attorney members of the staff of the Department of Law, of the public defender agency, and of the office of public advocacy in the Department of Administration;
- (4) one private secretary for each head of a principal department in the executive branch;
- (5) employees of councils, boards, or commissions established by statute in the Office of the Governor or the office of the lieutenant governor, unless a different classification is provided by statute;
- (6) not more than two special assistants to the commissioner of each of the principal departments of the executive branch, but the number may be increased if the partially exempt service is extended under [AS 39.25.130](#) to include the additional special assistants;
- (7) the principal executive officer of the following boards, councils, or commissions:
 - (A) Alaska Public Broadcasting Commission;
 - (B) Professional Teaching Practices Commission;
 - (C) Parole Board;
 - (D) Board of Nursing;
 - (E) Real Estate Commission;
 - (F) Alaska Royalty Oil and Gas Development Advisory Board;
 - (G) Alaska State Council on the Arts;
 - (H) Alaska Police Standards Council;
 - (I) Alaska Commission on Aging;
 - (J) Alaska Mental Health Board;
 - (K) State Medical Board;
 - (L) Governor's Council on Disabilities and Special Education;
 - (M) Advisory Board on Alcoholism and Drug Abuse;
 - (N) Statewide Suicide Prevention Council;
 - (O) State Board of Registration for Architects, Engineers, and Land Surveyors;
 - (P) Alaska Health Care Commission;
 - (Q) Board of Pharmacy;
 - (R) State Physical Therapy and Occupational Therapy Board;**
- (8) Alaska Pioneers' Home and Alaska Veterans' Home managers;
- (9) hearing examiners in the Department of Revenue;
- (10) the comptroller in the division of treasury, Department of Revenue;
- (11) airport managers in the Department of Transportation and Public Facilities employed at the Anchorage and Fairbanks International Airports;

- (12) the deputy director of the division of insurance in the Department of Commerce, Community, and Economic Development;
- (13) the executive director and staff of the Alaska Public Offices Commission;
- (14) the rehabilitation administrator of the division of workers' compensation;
- (15) guards employed by the Department of Public Safety for emergencies;
- (16) marine pilot coordinator of the Board of Marine Pilots;
- (17) guards employed by the Department of Corrections, other than in state correctional facilities, to carry out the responsibility of the commissioner of corrections under [AS 33.30.071](#)(b);
- (18) hearing officers and administrative law judges of the Regulatory Commission of Alaska;
- (19) the compact administrator appointed under [AS 33.36.130](#);
- (20) the chief administrative law judge and administrative law judges of the office of administrative hearings;
- (21) the executive secretary of the Board of Public Accountancy.

Board Member	Contact Date	Legislator	House or Senate	Notes:	
Tori Daugherty	4/2/2025	Ted Eischeid	House	contact made with Meredith Trainor, staff email received from Senator 3/24 - need to be cost neutral + cost to implement; response sent 04/03/2025	
Valerie Phelps	3/7/2025	Scott Kawasaki	Senate	sent 04/03/2025	
Tori Daugherty	4/8/2025	Donald Olson	Senate	email sent to staff	
Tori Daugherty	4/18/2025	Nellie Jimmie	House	email sent to staff	Sponsored HB173 - OT Compact
Tori Daugherty	4/18/2025	Louise Stutes	House	email sent to staff	Sponsored HB173 - OT Compact
Tori Daugherty	4/18/2025	Jeremy Bynum	House	email sent to staff	Sponsored HB173 - OT Compact
Tori Daugherty	4/18/2025	Loki Tobin	Senate	follow up email sent	
Tori Daugherty	4/18/2025	Robyn Burke	House	follow up email sent	Le Creatia staffs that office
Valerie Phelps	4/24/2025	David Nelson	House	initial email sent	Sponsored HB173 - OT Compact
Valerie Phelps	4/24/2025	Frank Tomaszewski	House	initial email sent	Sponsored HB197 - Dental EA bill
Rebecca Dean	5/7/2025	Will Stapp	House	email sent for coffee with legislator	
Rebecca Dean	5/7/2025	Mike Prax	House	email sent	
Jonathan Gates		Jesse Bjorkman	Senate		Sponsored SB29 - Big Game EA bill
Jonathan Gates	6/23/2025	Justin Ruffridge	House	email sent	