WEST VIRGINIA SECRETARY OF STATE

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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WEST VIRGINIA SECRETARY OF STATE

FORM 3 -- NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

Title-Series: 16-04 Rule Id: 9371 Document: 25763

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FORM 10 -- LEGISLATIVE QUESTIONNAIRE (Page 1)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

AUTHORIZING STATUTE(S) CITATION
§16-4-1

DATE FILED IN STATE REGISTER WITH NOTICE OF HEARING OR PUBLIC COMMENT PERIOD
Monday, March 31, 2014

WHAT OTHER NOTICE, INCLUDING ADVERTISING, DID YOU GIVE OF THE HEARING?
Postcards with notice of comment period was mailed to all active PT/PTA licensee.
Posted public comment on our website.

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED
Friday, May 02, 2014

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 10 -- LEGISLATIVE QUESTIONNAIRE (Page 2)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

ATTACH LIST OF PERSONS WHO APPEARED AT HEARING, COMMENTS RECEIVED, AMENDMENTS, REASONS FOR AMENDMENTS.

Attached

DATE YOU FILED IN STATE REGISTER THE AGENCY APPROVED PROPOSED LEGISLATIVE RULE FOLLOWING PUBLIC HEARING: (BE EXACT)

Friday, May 09, 2014

NAME, TITLE, ADDRESS AND PHONE FAX EMAIL NUMBERS OF AGENCY PERSON(S) TO RECEIVE ALL WRITTEN CORRESPONDENCE REGARDING THIS RULE

Patricia Holstein
Executive Secretary
WV Board of Physical Therapy
101 Dee Drive
Charleston, WV 25311

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 10 -- LEGISLATIVE QUESTIONNAIRE (Page 3)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

IF DIFFERENT FROM ABOVE, PLEASE GIVE NAME, TITLE, ADDRESS, AND PHONE NUMBER(S) OF AGENCY PERSON(S) WHO WROTE AND OR HAS RESPONSIBILITY FOR THE CONTENTS OF THIS RULE

Same as above

IF THE STATUTE UNDER WHICH YOU PROMULGATED THE SUBMITTED RULES REQUIRES CERTAIN FINDINGS AND DETERMINATIONS TO BE MADE AS A CONDITION PRECEDENT TO THE PROMULGATION, GIVE THE DATE UPON WHICH YOU FILED IN THE STATE REGISTER A NOTICE OF THE TIME AND PLACE OF A HEARING FOR THE TAKING OF EVIDENCE AND A GENERAL DESCRIPTION OF THE ISSUES TO BE DECIDED.

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 10 -- LEGISLATIVE QUESTIONNAIRE (Page 4)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

DATE OF HEARING OR COMMENT PERIOD

ON WHAT DATE DID YOU FILE IN THE STATE REGISTER THE FINDINGS AND DETERMINATIONS REQUIRED TOGETHER WITH THE REASONS THEREFOR?

ATTACH FINDINGS AND DETERMINATIONS AND REASONS
Attached

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

SUMMARIZE IN A CLEAR AND CONCISE MANNER WHAT IMPACT THIS MEASURE WILL HAVE ON COSTS AND REVENUES OF STATE GOVERNMENT.

This rule will have no impact on cost or revenues of WV state government other than reducing swept funds from our special revenue.

The boards special revenue funds will be reduced; however, will not cause any impact on the financial stability.

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

Title-Series: 16-04 Rule Id: 9371 Document: 25763

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 2)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

FISCAL NOTE DETAIL -- SHOW OVER-ALL EFFECT IN ITEM 1 AND 2 AND, IN ITEM 3, GIVE AN EXPLANATION OF BREAKDOWN BY FISCAL YEAR, INCLUDING LONG-RANGE EFFECT.

Effect Of Proposal	Current Increase/Decrease (use ' - ')	Next Increase/Decrease (use ' - ')	Fiscal Year (Upon Full Implementation)
ESTIMATED TOTAL COST			
PERSONAL SERVICES			
CURRENT EXPENSES			
REPAIRS AND ALTERATIONS			
ASSETS			
OTHER			
ESTIMATED TOTAL REVENUES			-23000

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 3)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT). PLEASE INCLUDE ANY INCREASE OR DECREASE IN FEES IN YOUR ESTIMATED TOTAL REVENUES.

Estimates are based from current number of licensees renewing. Because not all licensees renew their license, we cannot predict the exact amount.

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 4)

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RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

PLEASE IDENTIFY ANY AREAS OF VAGUENESS, TECHNICAL DEFECTS, REASONS THE PROPOSED RULE WOULD NOT HAVE A FISCAL IMPACT, AND OR ANY SPECIAL ISSUES NOT CAPTURED ELSEWHERE ON THIS FORM.

There are no areas of concern.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 1)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

SUMMARIZE IN A CLEAR AND CONCISE MANNER CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

Reduce renewal and continuing education review for fee for licensees.

Physical Therapist biennial renewal reduce from $120 to $100. Physical Therapist Assistant biennial renewal reduce from $80 to $60.

Continuing Education course review for individual licensee reduce from $50 to $15.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

Title-Series: 16-04 Rule Id: 9371 Document: 25763

TITLE 16
LEGISLATIVE RULE
WV BOARD OF PHYSICAL THERAPY

SERIES 4
FEES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

§16-4-1. General.

1.1. Scope. -- This legislative rule describes and defines requirements for licensure as well as nature of practice for Physical Therapists, Physical Therapist Assistants and support personnel.

1.2. Authority. -- W. Va. Code §30-20-1, et. seq.

1.3. Filing Date. -- ~~June 16, 2011.~~

1.4. Effective Date. -- ~~June 16, 2011.~~

§16-4-2. Fees.

2.1. The West Virginia Board of Physical Therapy is an autonomous State Licensing Board Agency and as such receives no monies from the State's general revenue fund; nor does it receive any Federal money. All money necessary to efficiently staff and equip a public office must be generated by services performed by the Board in behalf of its licensees or other interested parties.

2.2. Applicants shall pay to the Board the fees established and authorized by W. Va. Code §30-20-1, et. seq.

2.2.a. Physical Therapist Application	$25.00
2.2.b. Physical Therapist License	$220.00
2.2.c. Physical Therapist Temporary Permit	$35.00
2.2.d. Physical Therapist Biennial Renewal	~~$120.00~~ $100.00
2.2.e. Physical Therapist Delinquent License	$250.00
2.2.f. Physical Therapist Assistant Application	$25.00
2.2.g. Physical Therapist Assistant License	$140.00
2.2.h. Physical Therapist Assistant Temporary Permit	$20.00
2.2.i. Physical Therapist Assistant Biennial Renewal	~~$80.00~~ $60.00
2.2.j. Physical Therapist Assistant Delinquent License	$170.00
2.2.k. Permanent License Verification	$25.00
2.2.l. Duplicate Wallet Card/License	$5.00

2.2.m. Duplicate Wall Certificate	$15.00
2.2.n. Name Change Requiring New Card/License (Outside of Renewal Season)	$5.00
2.2.o. Exam Processing Fee	$25.00
2.2.p. Mailing List/Directory	
2.2.p.1. Label-ready List Rate @ 10 cents/name and address	
2.2.p.2. Hard-copy Directory Rate @ 15 cents/name and address	
2.2.p.3. Labels Rate @ 30 cents/name and address	
2.2.q. Continuing Education Course Review	~~$50.00~~
2.2.q.1 Provider	$50.00
2.2.q.2 Individual Licensee Review	$15.00

2.2.r. All fees not paid by the due date shall be assessed a penalty to be determined by the Board not to exceed 25% of the original fee required.