

VA National Standards of Practice (NSP) Listening Session 1: Transcript

August 24, 2023

0:00

Moderator: Thank you for joining the Veterans Affairs National Standards Practice Listening Session.

Today's session will run from 2:00 to 4:30 p.m. Eastern Daylight Time. I will now go over a few housekeeping items to keep in mind during the session. The session will be recorded and closed captioning is available on the bottom left corner of your webinar platform. The session recording and transcript of the recording will be made available on the Veterans Affairs National Standards of Practice website, at a later date upon completion of all five listening sessions. If you experience any technical difficulties at any time during the session, you may notify our technical team using the Q and A function located at the bottom right-hand corner of the webinar platform. Speaking time will be allocated based on the number of people who request to comment during the session. All attendees will be placed on mute. If you indicated upon registration your intent to present a VA representative will turn the mic over to you during your allotted time to provide comment. It will be unmuted during your period of comment and muted upon completion. Each speaker will be allocated 10 minutes to present. Allocation time is based on the number of people who request to present. If you sent any materials to us ahead of this listening session to support your comments, they will be displayed on the webinar platform. If you are scheduled to present and use a phone to join today's session, we will call your name during your allocated speaking time and request you to raise your hand by dialing star 3 to identify yourself on the line. I will then give you the capability to unmute your phone line and you will hear a prompt to press star 6 to unmute your mic. Please announce your name and affiliation. Upon being unmuted, we will mute your microphone upon completion of your allocated time. If you did not indicate your interest to share a comment upon registration, but are still interested in doing so today, please write it in the Q and A function located at the bottom right-hand corner of the webinar platform. Time will be allotted as available at the end of the session. Any participants unable to speak during today's session may submit written

comments after the session to VA.NSP@va.gov. Participants have until September 30th, 2023, to submit comments. We ask everyone to please be respectful during your period of comment and while others are speaking.

3:07

Moderator: I will now turn it over to Mr. Ethan Kalett to begin our session. Mr. Kalett, the floor is yours.

3:15

Ethan Kalett: Thank you, Elizabeth. Thanks to everyone here who's attending. I'm really looking forward to this. My name is Ethan Kalett. I'm the Executive Director for the Veterans Health Administration's Office of Regulations, Appeals and Policy. Again, thank you for joining us at this first national VA National Standards of Practice Listening Session. Today, we're interested in hearing views on these professions: audiology, speech language pathologists, chiropractors, occupational therapists, occupational therapy assistants, physical therapists, and physical therapist assistants. We greatly appreciate all of your input today. What we're looking for is information on the variance between State license requirements for these health care professions and your recommendations on what should be included in their VA standard of practice. The comments today are going to help guide our decisions forward and inform the decisions that are ultimately made. We would like to note that during these sessions we can't directly respond to your presentations, but we are actively listening. Also, please note that the proposed national standard for each of the professions that I read above will be posted on the Federal Register once ready for a 60-day, so especially long, 60-day public comment period. We also... we also have several VHA clinical representatives on the line. They may ask you clarifying questions, so I'd like to welcome them. First, from the VHA Rehab and Prosthetic Services, we have Dr. Lauren Racoosin, she's an audiologist and designated federal officer; Dr. Anthony Lisi, who's the Director of the VHA Chiropractic Program; Nan Musson from the Speech

Pathology Discipline Lead; Freddie O'Donnell, National Occupational Therapist Discipline Lead; Emily Saylor, Occupational Therapist; and Mark Havran, our Physical Therapy Executive. So again, thank you so much for attending today. I'm really looking forward to hearing what you have to say. Just the fact that you're here demonstrates your commitment to helping us make sure that our VA health care professionals are able to care to provide the best care possible to our Veterans. And I'm going to hand it back over to our moderator. Thank you.

5:39

Moderator: Thank you. As a reminder, if you indicated upon your registration your intent to present, we will turn the mic over to you during your allotted time to provide comment. You will be unmuted during your period of comment and muted upon completion. Please note there may be a delay during this unmute mute process and your patience is appreciated. Each speaker will be allocated 10 minutes to present. Allocation time is based on the number of people who requested to present. If you sent any materials to us ahead of the listening session and to support your comments, they will be displayed on the webinar platform. If you are scheduled to present and used the phone to join today's session, we will call your name during your allocated speaking time and request you to raise your hand by dialing star 3 to identify yourself on the line. I will then give you the capability to unmute your phone line and you'll hear a prompt to press star 6 to unmute your mic. Please announce your name and affiliation upon being unmuted. We will mute your microphone upon completion of your allocated time. If you did not indicate your interest to share a comment upon registration, but are still interested in doing so today, please write it in the Q and A function located at the bottom right-hand corner of the webinar platform. Time will be allotted as available at the end of the session. Any participants unable to speak during today's session may submit written comments after the session to VA.NSP@va.gov. Participants have until September 30 to submit comments. We ask everyone to please be respectful during your period of comment and while

others are speaking. Speakers should be fully aware that you may experience delays during the unmuting/muting process.

7:36

Moderator: We will begin with Audiologist. I will now call upon Ricardo Adame from the Wounded Warrior Project to present their comment.

8:14

Moderator: It looks like there may be some technical difficulties, so we will move to the next individual for comment.

8:25

Moderator: We will now move on to Chiropractor. I will now call upon Colette Peabody. Thank you.

8:55

Moderator: If you did dial in today using the phone, please raise your hand by dialing star 3 to identify yourself on the line. It will give you the capability to unmute your phone line and you will hear a prompt to press star 6 to unmute your mic.

9:42

Moderator: It seems as though Ms. Peabody is not yet on the line. We will now move on to Speech Language Pathologist.

10:01

Moderator: I will now call on Cassandra Williamson with the Transgender and Diverse Veterans of America to present their comment.

10:46

Moderator: I would like to remind individuals if you would like to present a comment, please raise your hand and we will unmute you. We do not see Cassandra on the line with the Transgender and Diverse Veterans of America to present. If any others from this organization is on the line, please raise your hand and we can unmute you to provide comment.

11:46

Moderator: That individual is not yet on the line, so we will move to the next occupation. We will now move to Physical Therapist. I will now call upon Justin Elliott with the American Physical Therapy Association to present their comment.

12:20

Justin Elliott: Good afternoon. Can you hear me okay?

Moderator: Hi, Justin. Yes. Thank you so much. We can hear you.

Justin Elliott: Great.

Moderator: Thank you.

12:27

Justin Elliott: Thank you. My name is Justin Elliott and I'm the Vice President of Government Affairs at the American Physical Therapy Association. APTA, the American Physical Therapy Association, is

the individual membership professional organization representing approximately 100,000 physical therapists, physical therapist assistants, and students of physical therapy in the United States. We greatly appreciate the opportunity to provide comment on the proposed VA national standard of practice as it relates to physical therapists and physical therapist assistants. APTA strongly supports this initiative by the VA that will standardize the practice of physical therapist and physical therapist assistants in the VA throughout the country while ensuring safe, high-quality care for our nation's Veterans. Physical therapists are movement experts who optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated... Our physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. As of 2016, only physical therapist education programs providing or awarding a Doctor of Physical Therapy degree or DPT degree were eligible for accreditation by the Commission on the Accreditation of Physical Therapy Education, known as CAPTE. However, the majority of U.S. PT education programs had already transitioned to the DPT degree prior to the 2016 transition deadline by CAPTE. As of today, the vast majority of PT's currently licensed in the U.S. have a Doctoral, Doctor of Physical Therapy degree. Physical Therapists must take and pass the National Physical Therapy Licensure Exam, administered by the Federation of State Boards of Physical Therapy, in order to be eligible for State licensure. Licensure is required in every U.S. jurisdiction in which a PT practices. Similarly, a physical therapy assistant must complete a two-year associate degree from an Accredited Physical Therapy Physical Therapist Assistant Program and pass the National Physical Therapy Exam for PTAs, also administered by the Federation of State Boards of Physical Therapy. State licensure or certification is required in every jurisdiction in which a PTA works when it comes to the scope of practice. Scope of practice for physical therapists is dynamic, evolving with evidence, education, and societal needs. The PT scope of practice has three components, professional,

jurisdictional, and personal. The professional scope of practice is grounded in the physical therapy professions unique body of knowledge, including foundational documents of the PT profession such as the Guide to Physical Therapist Practice. I am supported by educational preparation based on a body of evidence and linked to existing or emerging practice frameworks. The jurisdictional or legal scope of practice is obviously established by a State's practice act, governing the specific physical therapist license and the corresponding rules adopted pursuant to that act by a State licensure board. And finally, there's the personal scope of practice, which consists only the activities for which an individual physical therapist is educated and trained and has the competency to perform. It should be noted that although it may be legal for a physical therapist to perform an intervention or do a certain treatment, if that physical therapist does not have that competency or personal competency or personal scope of practice, they should not perform those interventions. When it comes to defining the legal or jurisdictional scope of practice in the States, State licensure boards and State legislature legislatures utilize the Model Practice Act for Physical Therapy published by the Federation of State Boards of Physical Therapy with collaboration and input from APTA. Model Practice Act is the preeminent standard utilized by the States for revising and modernizing physical therapy practice acts to best reflect current practice. The current... the continuing movement to update physical therapy practice acts helps ensure that these documents provide the legal authority to fully protect the public while allowing for the effective regulation of the PT profession. In terms of the current scope of practice, just some quick hits to put a spotlight on: All 50 States and the District of Columbia allow for some form of direct access to evaluation and treatment. So that's evaluation and treatment absent of physician referral. There are two States, Mississippi and Alabama, that have a number of limitations on the ability of PTs to treat absent a referral, but all the other States have pretty clean direct access. 49 States allow for general supervision of PTAs, with New York and the District of Columbia requiring direct supervision. Under general supervision, the supervising PT must be readily available, either physically or virtually for consultation. And of course, at all times a PT must use professional judgment when determining how frequently that PT needs to participate in

the treatment services provided by the PTA, including reevaluations and updates to the Plan of Care. When it comes to continuing education for licensure renewal, all 50 States and the District of Columbia do require continuing education as a condition for licensure renewal. And of course, I mentioned earlier that PT's work collaboratively with a variety of practitioners and physicians. This includes referring or consulting with other providers when needed as well as referral or ordering of imaging studies in a number of States. And of course, physical therapists have a very broad scope of practice and that includes the performance of dry needling which is permitted by physical therapists in all States with the exception of California, Hawaii, Oregon and New York. Again, APTA strongly supports this initiative by the VA, and we work, we stand ready to work with the VA in its adoptions. Thank you for the opportunity to comment.

18:56

Moderator: Thank you so much for your comment. I will now call upon Bonnie Bolash to present their comment.

19:17

Bonnie Bolash: Hi, my name is Bonnie Bolash. I'm a licensed acupuncturist. I am not representing any professional organization, association, or group. These are opinions that are based on my knowledge and basically who I am as a practitioner. So, I'm here today to ask for the exclusion of acupuncture, needles cupping, Gua Sha, acupressure, auricular acupuncture, or any rebranded version of acupuncture in Chinese medicine as part of the scope of physical therapy practice within the Veterans Administration. This should not be a part of the national standard in the occupation of physical therapy. It is a rebranding of acupuncture in Chinese medicine, which is a 2,000-year-old cultural medicine. I'm asking you to connect me with the Diversity, Equity, and Inclusion division within the administration to discuss the important topic of not rebranding acupuncture in Chinese medicine at the expense of the culture and people. What is unique about Minnesota is we've gone

through a huge transition trying to understand racism and culture and how does that look during these times of cultural competence and learning. We learned that sometimes we've made mistakes. Last year, many of the insurance companies reached out to us practitioners and asked us to participate in these cultural competency programs. One of the insurance companies, Blue Cross Blue Shield, provided education on cultural competency and as part of that cultural competency it had... it didn't even include Chinese. Minnesota has a high population of Chinese and as you know, acupuncture and Chinese medicine plays a huge role in these cultures. A lot of Asian cultures have adopted acupuncture and Chinese medicine or forms of herbal medicine, as well as other techniques. I could not find Chinese medicine until I looked at the Vietnamese, um, and there they had Chinese medicine. And if you look at how they described Chinese medicine it was like inappropriate. So even though we have these cultural competencies, there are like inappropriate cultural competencies out there. One of the things that has been going on for the last 15 years is the American Physical Therapy Association has been working to rebrand acupuncture as dry needling. I reached out actually to the American Physical Therapy Association last year and asked to discuss it with their equity and inclusive person and the person's name was Carmen Elliott. A couple of my colleagues and I put together a letter as to why it's inappropriate and culturally not very competent. The American Physical Therapy's dry needling paper and why they should like, apologize to the Asian people and the acupuncturists. Basically, my response was no comment. In the interim, I have spent the last year researching the history of acupuncture in Chinese medicine and like how acupuncture was treated in the United States. I gave a presentation in Washington, D.C. about this in March and actually was invited by the Mayo Clinic to give a discussion on the topic of dry needling as cultural appropriation in May for their Diversity and Equity and Inclusion series. So, most of you probably don't know the history of acupuncture and how the acupuncture needle was treated in the U.S. Acupuncture actually has been in the U.S. since the 1700s. The Food and Drug Administration as well as the CIA has confirmed that it's been here the whole time, but how the Chinese as well as other people were treated was unfair. Janet Travell has been put as the main person that invented dry

needling but if you look at her research paper it all references acupuncture. During her time, the Japanese were actually in internment camps, and they were performing acupuncture in these internment camps. So we know that acupuncture was here the whole time. The government worked together to block the Chinese from practicing their medicine. They declared the acupuncture needle investigational even though it had been in use in commerce since the 1700s. Basically until someone challenged the FDA in 1993. There was a guy by the name of William Nelson that challenged the FDA because they were setting an unusual barrier for the acupuncture needle. Not only did they declare it investigational, they were requiring every possible use that that acupuncture needle could be used. But the standard at the time was if you have a surgical knife, you only had to show that it wouldn't break during surgery. And basically in 1996, you see the FDA overturned their decision and declared a Class 2 medical device by only those that are allowed to practice this with this needle in the State. And the reason they gave was that exact example which is for example a surgical knife. They never required every possible use for that surgical knife, they just required that it wouldn't break during surgery. So historically like I have found so many documents for the National Archives as well as Google has put out there a lot of digital records that I was able to research. And I'm just looking for, you know, like we're in a time and space where I hope that cultural competency matters, that rebranding a thousands of year-old medicine because it's not only acupuncture, you know, it's like cupping and gua sha and acupressure and a regular acupuncture are being rebranded and it and it shouldn't be, it shouldn't be happening like this. This is not the way that things should be. And so, I'm just hoping that there's someone out there that hears this and understands this. I will be submitting all the documents because I know that people might not necessarily believe me, but you know, like even like in 1975, because it's even like the acupuncture points. There was an anesthesiologist in 1975 where he looked at the... he did an anatomic comparison of acupuncture points and local regional anesthesia. And when the provider selected the Meridian points for the specific pain, it became clear that many of the Meridian points are closely related or in some situations identical to the point for nerve block of a similar pain. He said acupuncture which was

developed from long experience and nerve block which was developed from objective scientific observations are both helpful for relieving pain. The points where these needles are inserted are surprisingly similar. I just don't want to see the rebranding of acupuncture in Chinese medicine at the expense of the culture and the people. And like this should not be a part of the scope of physical therapy as well as any of the other providers. This, this is a cultural medicine. Actually, in 1977, a GAO report came out because one of the things the FDA was is they were blocking the importation of the acupuncture needles and in 1977 they stopped blocking them because basically they said that um these medical devices were not causing harm compared to some of the other medical devices that were making it into the country. So anyways, I am hoping there's someone out there, hopefully you have a diversity and equity person that I can share this history with, that we can be more culturally competent once we know the information. And I, I'm going to continue to dig for more information and I hope that people care about being culturally competent. Like how do you think Asian Veterans are going to feel when you're, like, saying things that are inappropriate and some of the things that are being said are creating a false stereotype and they're not true? Like in Minnesota, the Hmong people came here in 1980, and they were practicing cupping and gua sha and acupuncture. And you know, what happened is that sometimes they were, they were turned into the police for child abuse. And yet now providers of physical therapy are doing cupping and gua sha and they're making statements that aren't even true, that aren't culturally appropriate. We're here, these people were being charged with child abuse. And now you're like, oh we're super scientific and how you just how you explain what you're doing is different is not even culturally appropriate. Thank you. That's all I really needed to say.

28:26

Moderator: Thank you so much for your comment. We will now move on to back to Audiologist and I will call upon Kimberly Horvath with the American Medical Association who wants to speak on both audiologist and speech language pathologist. Hi, Kimberly, are you there?

29:15

Kimberly Horvath: Can you hear me? Hello.

Moderator: Yes, we sure can hear you.

29:24

Kimberly Horvath: Great. Thank you. This is Kim Horvath. I'm a senior attorney with the American Medical Association and I just have a brief, some comments to make. The AMA has been concerned about the Federal Supremacy project since it first became known to us several years ago with the publication of the interim final rule authority of VA professionals to practice health care back in November of 2020. Our main concern has been and continues to be the national standards of practice may allow non-physicians to provide services and perform procedures that are outside the scope of their knowledge and licensure and to practice independently without the clinical supervision of physicians as is required by most State laws. This will undermine physician-led teams and ultimately lead to a lower standard of care for Veterans. It also runs counter to research showing that not only is care best delivered by physician-led teams, but four out of five patients want and expect it. Audiologists and speech language pathologists are valued health professionals who work for and with the ENT physicians or otolaryngologists. They do not however possess the medical training necessary to perform the same duties as otolaryngologists, nor are they trained or assessed in a diagnosis and management of medical diseases and that cannot safely or accurately order non-audiologic testing or treatment. No other health professionals come close to the four years of medical school, three to seven years of residency training, and 12,000 to 16,000 hours of clinical training that is required of physicians. As physicians, otolaryngologists lead the health care team for patients with ear, nose and throat conditions and thus generally direct care for these patients in conjunction with allied health professionals like audiologists and speech language pathologists. The AMA would oppose any national standard of practice that would allow audiologists

and speech language pathologists to independently diagnose and treat the medical conditions associated with loss of hearing or speech. Thank you so much for your time today.

31:43

Moderator: Thank you so much for your comment. We will now turn the mic over to individuals who indicated their interest to present using the Q and A function or if you would like to raise your hand at this time to provide any comment. As a reminder, if you did dial in using the telephone, you may raise your hand by dialing star 3 to identify yourself on the line. We will then give you the capability to unmute your phone line and you'll hear a prompt to press star 6 to unmute your mic.

33:30

Scott Trudeau: Can you hear me? Hi.

Moderator: Yes, Scott. Thank you. We can hear you.

33:36

Scott Trudeau: Hi, this is Scott Trudeau from the American Occupational Therapy Association, where I am the director of practice engagement for the association. And I just want to say that the AOTA has been very involved with working with the team at the VA around setting these national standards and we've gotten into a fair bit of detail about where State variances occur, especially related to supervision issues. That being said, I would just like to advocate that my understanding of the purpose of the federal supremacy that goes into a national standard like this is that the nuances of some of the State requirements would be superseded, supremacy, right?... Superseded by this national standard. I'm worried that that is getting lost a little bit in the, in the process at this point. And I would just like to advocate that subtle nuances don't necessarily mean full variances. And so, I would really encourage folks as they're reviewing the standards around supervision that if one State uses the word general supervision and another uses the word direct supervision, they're not

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necessarily mutually exclusive. And we should be very careful that we don't get lost so far in the weeds of those details that we miss the important work that's been done to act, actually, establish a national standard that not only could be helpful for the VA but could eventually assist the States in having more consistent language so that some of that variance may be minimized in the future. So, I really want to encourage folks to make sure that we keep our eye on the big picture and we don't get so caught up in the details that we develop a national standard that's so diluted it doesn't really, it doesn't really help in the implementation of the standards. Thank you for your time.

36:16

Moderator: Thank you so much for your comment. As a reminder, during this time, you may use the Q and A function at the bottom right-hand corner of your screen to indicate that you would like to provide a comment. If you used a phone to dial in today and are interested in providing comments, please raise your hand by dialing star 3 to identify yourself on the line. We will then give you the capability to unmute your phone line and you will hear a prompt to press star 6 to unmute your mic.

37:26

Moderator: Thank you all for your support and enabling VA healthcare professionals to provide the best care to our nation's Veterans. We have now concluded the open comment section during this listening session. As a reminder, all suggestions made through these listening sessions will be used to improve and inform the content included in VA's proposed national standards of practice across all 51 occupations. All VA proposals for each occupation VA national standards of practice will still occur through the Federal Register during the 60-day open comment period. For more information on the VA's national standards of practice, visit the VA National Standards of Practice website & up for our newsletter at www.va.gov/standardsofpractice/. Thank you for attending the Veterans Affairs National Standards of Practice Listening Session 1. A recording and transcript of this listening session will be available on the National Standards of Practice website upon conclusion of all

scheduled listening sessions. We will still be live until 4:30, but again, we have now concluded the open comment section during this time. We hope you all have a wonderful day.

NOTE: *All listening sessions conducted were 2.5 hours in duration—audio recordings have been edited to remove pauses. Please contact presenters directly to request presented materials referenced in each session.*