

MARYLAND CHAPTER

take the liberty of making the following recommendations:

Report on Legislation on uniform recommendations regarding the following:

Out of our experiences with Physical Therapy Legislation in Maryland have crystallized what seem to be vital considerations.

Had someone been in a position to point out some of the important steps along the way, the aid would have been invaluable to us. This report is presented with the hope that those of you who have not faced the problems of legislation may profit by some of our experiences. I shall outline as briefly as possible some important considerations relating to State Legislation.

First in regard to the type of law there seem to be three distinct possibilities:

1. An act which places the regulation of Physical Therapy under a duly authorized Board such as the State Board of Health. This is the type of legislation in Pennsylvania. This type of control has its advantages and disadvantages - depending on the make-up of the Board.
2. An amendment to the State Medical Practice Act which would exempt from the necessity of licensure all qualified personnel who work under supervision of doctors of medicine, in a manner similar to the clause in the District of Columbia Health Act.
3. A Physical Therapy Act such as now exists in Connecticut, Maryland and Washington State. If a physical therapy act is proposed, it must be for one of two purposes:
 - a) to control the practice of physical therapy as such, or
 - b) to restrict the use of the title "Physical Therapist", and regulate the practice of those using that title.

The Maryland and Washington Acts are designed to restrict the use of the title. The Maryland law restricts the use of the entire title "Physical Therapist". My own interpretation of the Washington law is that it restricts only the use of the title "Registered Physical Therapist", and is in that sense more limited than the Maryland law. Both these laws are based on the A. M. A. Council Educational standards, the difference being that the grandfather clause in the Maryland bill permitted licensure of irregularly trained people. But as of January 1948, persons applying for examination must meet the maximum education standards.

We were advised that, under the laws of our state, we were not permitted to refer to the National organization standards such as A.M.A., A.P.T.A. or A.R.P.T.T. The Washington state laws apparently permit such reference in that State. One must determine before the law is written whether it is considered constitutional to use references in the law.

Physical Therapists move about a good deal from state to state and for that reason we need reciprocity between states. This need can only be met on a national advisory level. It is for this reason I am going to

take the liberty of making the following recommendations:

First: That the Association decide on uniform recommendations regarding the following:

1. Type of law - as outlined previously.
2. Purpose of law - i.e., Control of practice or restriction of use of title - and just what title or titles.
3. Composition of the Board of Examiners
 - a) All Physical Therapists
 - b) All Doctors
 - c) Part of each, how many and in what ratio
4. That a model law be drawn up to act as a guide.
5. That a decision be made on obtaining legal advice and aid in drafting a State bill. This costs money. We had to raise ours by assessment. It is extremely difficult to find lawyers who understand the problem of physical therapists and the chapter must be ready to aid in drafting the bill. Personally, I think the time has come that a lawyer should be employed for at least a year by the Association to aid chapters individually in drawing up a bill. Please don't be shocked - but I think this advisable even if it means a two dollar assessment from members.
6. That each chapter study the contents of the chiropractic law in their state. This group, as you all know, is incorporating physical therapy in their curriculum.
7. That chapters prepare positive legislation for introduction into their legislature at the earliest possible time. Waiting until an opposing group presents a bill and having then fight one, while rushing to present a counter measure is likely to end in defeat. Our introduction to legislative problems came like a blitz. Situations were unbelievably trying at times. We found it difficult to reconcile ourselves to the extent that petty politics entered into the picture where public health was concerned and often were stumped by the tactics used by our opponents.

An amendment to our law this year placed 5 doctors of medicine, chosen from a list submitted by Medicine and Chirurgical Faculty of Maryland, on the Board of Examiners. We believe that our problems are now overcome. We have had a hard battle but I think we have won, and that we now have a good Physical Therapy law on the Statute Books in Maryland.

*Respectfully submitted
Florence P. Kendall
(Report given at time
of Convention, Boston, 1947)*