President’s Message by Patrick Hauer, PT, EdD, MHS ~ Assistant Program Director & Professor Briar Cliff University

I want to thank and congratulate all the individuals who have helped to make this past year another success for our profession in South Dakota. We were successful in getting dry needling added to our practice act and according to the APTA “we made it look easy”. It was easy thanks in part to the response of members when asked to contact legislators or our licensure board to educate and show support for our efforts. We can never lose sight of the impact a simple phone call or email can have on the outcome of desired legislation or needed regulation.

In addition to dry needling, we have been making strides in the area of reimbursement, most recently addressing payment associated with Worker’s Compensation for PT evaluation. Appropriate reimbursement is vital to the survival of our profession and we now have a multi-person committee who have monthly meetings to direct activities and efforts. A big thank you to Julie Wingen who is the committee chair. If anyone wants to be part of the monthly meeting, you can contact Julie at julie@painandmovementsolutions.com or Shelley, admin@sdapta.org, for information.

We have established a Private Practice Standing Committee to help this section of our profession come together and formulate strategies and plans to deal with problems inherent in this practice setting. If interested, you can contact Shelley at admin@sdapta.org to have your name and email address added to the list. It will be the responsibility of the new President-elect to get this committee organized.

Our PR efforts continue to be stellar and rewarded with grants from the APTA. Brandie continues to chair the PR Committee and they have elevated our efforts in this area to new heights targeting clients and physicians. Billboards advertising our profession can be viewed along two major freeways in South Dakota and advertisements have been posted in South Dakota Medicine.

Lynn Simon and the Education Committee continue to bring cutting edge courses to South Dakota, helping the Association generate revenue to promote the profession. Given the fact we now have mandated continuing education for licensure, Lynn and the committee would appreciate clinicians identifying educational areas of interest in order to meet the needs of PT’s and PTA’s in South Dakota. You can contact Lynn at Lynn.Simon@bigstonetherapies.com.
My last thought is to encourage involvement in the Association. We have a fabulous profession and if we do not promote it and fight for it, nobody will. We cannot sit back and assume another group, profession, or the legislature will protect all the important aspects of our profession. We as an association need to be in the forefront of promoting and progressing physical therapy in South Dakota. When a member of the legislature thinks healthcare in South Dakota they need to have physical therapy in their sphere of thought and that does not occur if we sit idly by. We have accomplished much as an association, and as a profession, but we still have much to do. We need to stay vigilant and continue to fight to make our profession the best it can be in South Dakota. We can only accomplish this through member participation. When a message goes out requesting members to contact their legislator or the licensure board, please do so. Get involved in a committee or area that you feel passionate about and support the continuing education venues that are brought into the state.

It has been a busy two years as your president and I have enjoyed the opportunity immensely. I want to thank the SDPTA Board members for their insight and support; Shelley DeMarais for her assistance in all of the finer details associated with the position; and all the committee chairs, committee members, and association members I have had the pleasure of working with, you made my job easy!

Thank you all!

Respectfully

Pat

Patrick Hauer, PT, EdD, MHS, GCCP
Assistant Program Chair & Professor Briar Cliff University DPT Program

Treasurer’s Report by Wade Fligge PT, DPT, OCS ~ Big Stone Therapies

The SDAPTA assets consist of:

1. Wells Fargo Checking $9,188

2. Vanguard: $303,604

Legislative Report by Phil Moe, PT ~ Avera McKennan

Legislative Day will be February 5, 2019. Andy York will be taking over as Legislative Chair. The payment and policy forum will be having important changes with the elimination of G codes. An email will be coming out later to membership with more information.
Delegate Report by Joy R. Karges, PT, EdD, MS, CLT ~ Professor & Director of Clinical Education at the University of South Dakota

Patti Berg-Poppe and I attended the 2018 APTA House of Delegates in Orlando, FL in June, 2018. Michelle Gant attended as the SDPTA Caucus Representative, and Ann DeSmet, PTA student from LATI, attended as a House Usher. There were 58 motions proposed by the following: 1) Special Committee to Review House Documents (SCHOD), 2) Board of Directors, and 3) Components. With the adoption of RC 9-17, and subsequent action of the House Officers, the Special Committee of the House was created with this charge: “The committee shall review documents previously adopted by the House and forward motions to amend, consolidate, or rescind documents as needed to the 2018 and 2019 House.” Committee members include the following individuals: Blair Packard (AZ), chair; Janet Bezner (TX); Kyle Covington (NC); Alan Crothers (ID); Karl Gibson (PA); Katherine Harris (CT); Babette Sanders (IL); and Roger Herr (NY). Cheryl Robinson, assisted by Dawn Paulson, provide APTA staff support. Thus, a lot of the motions brought forth were related to the 153 documents the SCHOD started reviewing for the 2018 HOD, and we will see the remainder of the motions in the 2019 HOD.

Of the 58 RCs on the agenda this year, 22 passed on the Consent Calendar, 29 passed during the House, 2 were defeated, 3 were withdrawn, and 2 were not considered. The 2018 House of Delegates Minutes are posted in the House of Delegates Community Hub in the 2018 Archive Folder. The House of Delegates Community is open to all APTA members. Here are the links:

http://www.apta.org/HOD/

http://communities.apta.org/p/do/sd/sid=5077

Here are some of the motions that were adopted:

RC 24-18 AMEND: SEXUAL HARASSMENT (HOD P06-99-17-06) – AMENDMENT – PACKET III

Required for Adoption: Majority Vote - PASSED UNANIMOUSLY

• That Sexual Harassment (HOD P06-99-17-06) be amended by adding the words “and report instances of sexual harassment to the appropriate authority” after the word “harassment” so that it would read:

• Environments where physical therapist services are provided, or where the work of the American Physical Therapy Association and its components is carried out, should be completely free of sexual harassment. Members of the association have an obligation to comply with applicable legal prohibitions against sexual harassment, to actively foster an environment in which sexual harassment is not accepted, and to protect individuals from sexual harassment and its negative consequences. Members shall, with permission of the affected individual(s), report sexual harassment to an appropriate authority.
RC 28-18 ADOPT: VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

Required for Adoption: Majority Vote - PASSED

That the following position be adopted:

- VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT
  - The values-based behaviors for the physical therapist assistant are altruism, compassion and caring, continuing competence, duty, integrity, physical therapist-physical therapist assistant collaboration, responsibility, and social responsibility, and are defined as follows:
    - Altruism
      Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming responsibility of placing the needs of patients and clients ahead of the physical therapist assistant’s self-interest.
    - Compassion and Caring
      Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
    - Continuing Competence
      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.¹
    - Duty
      Duty is the commitment to meeting one’s obligations to provide effective physical therapist services to individual patients and clients, to serve the profession, and to positively influence the health of society.
    - Integrity
      Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.
    - Physical Therapist-Physical Therapist Assistant Collaboration
      The Physical Therapist-Physical Therapist Assistant team works together, within each partner’s respective role, to achieve optimal patient and client care and to enhance the overall delivery of physical therapist services.
    - Responsibility
      Responsibility is the active acceptance of the roles, obligations, and actions of the physical therapist assistant, including behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
    - Social Responsibility
      Social responsibility is the promotion of a mutual trust between the physical therapist assistant, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.

REFERENCES:

¹ Federation of State Boards of Physical Therapy. Continuing Competence Model.
RC 38-18 ADOPT: COMMITMENT TO PERSON-CENTERED SERVICES

Required for Adoption: Majority Vote - PASSED

That the following be adopted:

• COMMITMENT TO PERSON-CENTERED SERVICES
  ▪ Whereas, The American Physical Therapy Association Code of Ethics for the Physical Therapist (Code) and Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) address the responsibility to act respectfully toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability (Principle 1A), as well as the responsibility to act in the best interests of patients and clients over the interests of the physical therapist or physical therapist assistant (Principle 2A);
  ▪ Whereas, Physical therapists and physical therapist assistants are committed to practicing consistent with the Code and the Standards, ensuring that the best interests of the person remain at the center of physical therapist services;
  ▪ Whereas, Denying services based on religious or personal objection may encourage health care professionals to shift from a person-centered focus to one aimed at the needs or beliefs of the provider;
  ▪ Whereas, Shifting away from a person-centered model may result in harm to the health of individuals and populations; and,
  ▪ Whereas, Physical therapists and physical therapist assistants have a duty to uphold the Code and the Standards;
  ▪ Resolved, That the American Physical Therapy Association opposes efforts by government, institutions, and other entities that may threaten person-centeredness in the provision of physical therapist services.

RC 39-18 ADOPT: APTA STATEMENT IN SUPPORT OF ESSENTIAL HEALTH BENEFITS

Required for Adoption: Majority Vote - PASSED

That the following position be adopted:

• APTA STATEMENT IN SUPPORT OF ESSENTIAL HEALTH BENEFITS
  • The American Physical Therapy Association supports the inclusion of a defined package of essential health benefits in all insurance plans to ensure that individuals across the lifespan, including those with pre-existing conditions, have adequate access to comprehensive health services that meet their unique needs.
  • Essential health benefits shall include, but not be limited to, access to the following services:
    ▪ Ambulatory patient services (outpatient care without being admitted to a hospital)
    ▪ Emergency services
    ▪ Hospice and palliative care
    ▪ Hospitalization
    ▪ Laboratory services
    ▪ Mental health and substance-use disorder services, including counseling and psychotherapy
    ▪ Pediatrics services, including oral and vision care
    ▪ Pregnancy, maternity, and newborn care, birth control, and breastfeeding support
    ▪ Prescription drugs
    ▪ Preventive and wellness services and chronic disease management
    ▪ Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, developmental delay, or chronic conditions gain, maintain, slow the decline, or recover mental and physical skills, including assistive technology)
  • Health plans shall not place arbitrary limits on the duration or scope of services available in an essential health benefits package. Such decisions shall be determined by medical necessity for the patient and be consistent with jurisdictional scope of practice.
  • Essential health benefits shall be delivered by qualified health care personnel in accordance to professional standards and state law.
RC 41-18 ADOPT: AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION RECOGNITION

Required for Adoption: Majority Vote - PASSED

That the following position be adopted:

• AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION RECOGNITION
  The American Physical Therapy Association recognizes the American Board of Physical Therapy Residency and Fellowship Education as the agency for the accreditation of physical therapy residency and fellowship education programs.

RC 43-18 CHARGE: ENDORSEMENT AND INTEGRATION OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF CURRICULUM OUTLINE ON PAIN FOR PHYSICAL THERAPY - REPLACEMENT PACKET II

Required for Adoption: Majority Vote - PASSED

• That the American Physical Therapy Association endorse and promote integration of the International Association for the Study of Pain Curriculum Outline on Pain for Physical Therapy into education, practice, and research initiatives, where feasible.

RC 44-18 CHARGE: THE ROLE OF THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT IN DISASTER MANAGEMENT - REPLACEMENT PACKET II

Required for Adoption: Majority Vote - PASSED

• That the American Physical Therapy Association (APTA) engage and collaborate with disaster management agencies to identify the professional roles of the physical therapist (PT) and physical therapist assistant (PTA) in disaster preparation, response/relief, and recovery. Further, that APTA promote the role of the PT and PTA to members, and to agencies that study and manage disasters so that the expertise of PTs and PTAs can be utilized appropriately.
RC 46-18 CHARGE: ELIMINATING THE IMPROVEMENT STANDARD FOR RECEIVING PHYSICAL THERAPY

Required for Adoption: Majority Vote - PASSED

- That the American Physical Therapy Association develop and implement a long-term plan to pursue the elimination of the improvement standard in all settings and payment situations.

RC 47-18 CHARGE: ADJUSTMENTS IN DOCUMENTATION REQUIREMENTS FOR PREVENTION AND WELLNESS INTERACTIONS

Required for Adoption: Majority Vote - PASSED

- That the American Physical Therapy Association evaluate documentation requirements for physical therapists providing prevention, wellness, fitness, aftercare, and health promotion services.

RC 48-18 CHARGE: PROFESSIONAL WELL-BEING

Required for Adoption: Majority Vote - PASSED

- That the American Physical Therapy Association develop strategies to address factors that challenge the wellbeing and resilience of physical therapists, physical therapist assistants, and students of physical therapy.

RC 57A-18 CHARGE: REFRAME THE DESCRIPTION OF PHYSICAL THERAPIST SERVICE DELIVERY – SUBSTITUTE

Required for Adoption: Majority Vote to Consider, Majority Vote to Adopt - PASSED

- That the American Physical Therapy Association explore revisions to Standards of Practice for Physical Therapy to reflect the establishment and fostering of the therapist-client relationship, including elimination of descriptors that limit or impede this relationship.

2018 House of Delegates: Joy Karges, Patti Berg-Poppe, Michelle Grant, and Ann DeSmet
PTA Caucus by Michelle Grant, PTA, MT ~ Big Stone Therapies

The PTA Caucus met in Orlando this summer prior to the House of Delegates. After the push from the APTA last year for 100,000 members, the Florida chapter decided to start their own membership campaign to improve involvement of the PTA’s with the PTA 10k. We did join the component leadership meeting to work with chapter delegates and presidents to brainstorm ways to carry over this momentum and further increase membership, especially with the upcoming 50th anniversary of the PTA.

We also had the opportunity to engage in leadership training that focused on effective communication strategies that will prove useful with patient care and buy in, as well as advocacy for the profession. This is important, especially considering upcoming 15% reduction in reimbursement for Medicare Part B patients that are treated by assistants beginning in January 2022. The APTA and the PTA caucus delegates are currently working on strategies to minimize the negative effect of this change on our ability to treat patients and maintain our careers!

Ethics Committee by Brad Thuringer, PTA ~ Lake Area Tech

Nothing to report at this time.

FAL Update by John Rounds, PT, DPT ~ Avera St. Mary’s Hospital

Fall FAL 2018 Update

Regulatory Update

TRICARE and PTAs:

In accordance with the FY2018 National Defense Reauthorization Act, TRICARE is engaging in rulemaking to add physical and occupational therapy assistants as TRICARE-authorized providers. The rule proposes that these providers will be added as TRICARE-authorized providers, under the same qualification requirements established by Medicare. APTA is hopeful DoD will release the proposed rule in Q4 of 2018 or Q1 of 2019.

MedPAC:

APTA submitted comments to the Medicare Payment Advisory Commission (MedPAC) in response to its June 2018 Report to Congress. MedPAC recommends that CMS increase reimbursement for ambulatory evaluation and management (E&M) services. To offset this payment increase, MedPAC recommends reducing reimbursement for non-ambulatory E&M services, including physical therapy. APTA also submitted a comment letter with PPS and APTQI.
2019 SNF/IRF Final Rules:

The final 2019 rules for skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs) are substantially similar to the proposed rule and include increases in payment of 2.4% for SNFs and 0.9% for IRFs effective October 2018. The final SNF payment rule adopts the PDPM effective October 2019. In doing away with the RUG-IV process, CMS adopted a model that bases payments on a resident's classification among 5 components, including physical therapy. Final payment is then calculated by multiplying the patient's case-mix group with each component (both base payment rate and days of service received) and then adding those up to establish a per diem rate.

Meetings:

- Dr. Vanila Singh, Chief Medical Officer for the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) met with APTA staff on August 7 to discuss collaboration between APTA and the pain management task force and other issues.

- APTA and AOTA met with CMS staff on August 9 to discuss the HHA Patient-Driven Groupings Model. APTA and the Home Health Section will be submitting separate comment letters on the home health proposed rule on August 30.

- APTA and AOTA met with CMS staff on August 15 to discuss the therapy assistant modifier and the 85% payment differential set to go into effect in 2022. APTA and AOTA also are securing a letter from Congress to the General Accountability Office to gain information on the potential impact of the differential to patient access in rural and underserved areas. APTA will submit comments on the CY 2019 fee schedule/QPP proposed rule before September 10 deadline.

- APTA President and APTA staff met with the White House on August 23 to discuss the role of physical therapy in pain management and discuss ways the Administration and APTA may collaborate in increasing access to physical therapy for pain management and treatment.

Bipartisan Health Care Innovation Caucus:

Reforms to Stark Law:

APTA met with House Ways & Means majority and minority staff following the July 17 hearing

Modernizing Stark Law to Ensure the Successful Transition from Volume to Value in the Medicare Program,” that examined options to reform the Physician Self-Referral Law (Stark Law) to shift Medicare to a value-based system. Indications are that there will be legislation introduced this fall aimed at reforming the Stark law. APTA submitted a statement for the record. They also submitted comments in response to CMS’s Request for Information on suggestions for reforms to Stark.
The Innovation Caucus recently sent out an RFI on innovative payment models, to which APTA submitted comments. APTA staff met with the Caucus’ 4 co-chairs about their comments, reviewed any questions Caucus members may have, and inquired as to what the Caucus intends to work on for the remainder of this year as well as its goals for next year.

**Admin Burden:**

The Senate Health, Education, Labor & Pensions (HELP) Committee held a hearing on July 31 on reducing health care costs and decreasing administrative burden for providers. APTA submitted a statement for the record.

**Congressional Update**

- House of Representatives has been out all of August and the Senate has been in and out throughout the month

- The Senate is hoping to pass numerous Committee bills regarding opioid legislation and put it on the floor in September

- The Senate and the House opioids legislative priorities are different and will require a conference after the elections during the lame duck session

- Appropriations bills have to be passed by both the House and Senate in order to keep the government open and funded so that will take a higher priority throughout September

- If Appropriations are finished, the House is expected to get out of town for all of October for the upcoming elections

- APTA will be providing comments to the Department of Education regarding accreditation since PROSPER seems to be dead in the House – if the Democrats take the House, we expect Rep. Foxx to try and get the bill passed before the new Congress

- In regards to the Clarity Act, the APTA is working closely with Senators Klobuchar and Thune to get it on the floor – they, along with Rep. Guthrie, are eager to get this on the floor so the House can pass it with the amendment and get it to the President’s desk **Flash Action Strategy 2018** This year the annual flash action strategy will focus on opioids and the role PTs play in pain management. It will take place on September 27-28 (Wednesday and Thursday) and will be focused on getting students involved in advocacy. The Student Board already is aware of the dates and topic, APTA staff is working on graphics and messaging, and an email to educators will be going out in the next week or so.
Public Relations Committee Report by Brandie Rainboth, DPT, OCS ~ Spearfish Physical Therapy

October is National Physical Therapy Month!!

We have a great profession, and this is a great opportunity to educate other providers and public on the benefits physical therapy has to offer.

Join the #ChoosePT campaign....

This is a great opportunity for our profession to step it up and show the public, physicians, legislators, insurers how valuable physical therapy is in the treatment of musculoskeletal conditions, including chronic pain. #ChoosePT #GetPT1st

How you can help!

APTA has great resources of information. Below is a link to a toolkit with many ideas from sharing info on Facebook to writing position letters to local newspapers.

http://www.moveforwardpt.com/ChoosePT/Toolkit

Like and Share info posted on SDPTA Facebook page.

www.facebook.com/SDPTA

Educate your patients.

#ChoosePT toolkit offers a 1-page campaign handout that can be given to patient.

SDPTA Ad Campaigns

We will be continuing our public PR efforts over this year by advertising in: Argus Leader and Rapid City Journal with print and online #ChoosePT ads during month of October (this campaign is largely supported by the APTA Community Awareness Grant); South Dakota Medicine Magazine with 1/2page #ChoosePT print ads during September, October and November (sent to all SD physicians); South Dakota Magazine MoveForwardPT.com print ads throughout 2018; and SDPTA billboards on I-90 and I-29, August - September 2018. (Ads below are from 2017 campaign; similar ads will be run during 2018).
SD Senior Games – September 2018

We have established a great relationship with the SD Senior Games organization. This year we sponsored the 2018 SD State Senior Games in Sioux Falls. 5x7 color #ChoosePT postcard were handed out during registration to all athletes. Our logo was placed in program as a sponsor. SAFE fitness screen was provided to athletes by USD faculty and students. A big thank you to Becca Jorde, PT and USD faculty, for her work in developing and organizing SAFE (Senior Athlete Fitness Exam) screen during Friday and Saturday State game events!
SAVE THE DATES!!

**USD Medical Student Presentation – October 4th, 2018**
PR Committee will also be hosting a presentation luncheon to USD medical students to educate them on the physical therapy profession during National Physical Therapy Month.

If you are interested in volunteering or presenting, please contact me at brandie.rainboth@gmail.com

**Legislative Day – February 5th, 2018**

Legislative Day is scheduled in Pierre at Capitol on February 5th, 2018! This is a great opportunity to meet and greet our current SD Legislators and advocate for our profession. Join us!

**Other news:**

I encourage everyone to check out our Facebook page, [www.facebook.com/SDPTA](http://www.facebook.com/SDPTA). Current events of SDPTA will be posted, along with current articles, news, videos and events that can be shared to help promote the benefits of physical therapy.

We have applied for APTA Community Awareness Grant and will be notified this fall/winter if awarded. The Community Awareness Grant helps fund SDPTA PR campaigns.
Reimbursement Committee Report by Julie Wingen PT, DPT ~ Pain & Movement Solutions

The reimbursement committee continues to conduct meetings on the first Wednesday of every month at 12 pm CST/11 am MST with a meeting invite sent to all members through the association’s e-mail list serve. Overall, we are working towards developing relationships with our payers to demonstrate the value and improve health care coverage for physical therapy in our state. We have initiated a payment blog on the SDPTA website to provide members with updates on our current actions and resources to various information with regards to payment. Please be aware that member log-in is required to view the payment blog.

- From July 2017 to July 2018 physical therapists in our state were receiving significantly reduced reimbursement for the tiered initial evaluation CPT codes. The committee performed extensive research and discussion with the Department of Labor (DOL) to produce favorable results for the physical therapists in South Dakota. Starting July 1, 2018, all evaluation codes (97161, 97162, 97163) will be reimbursed at a rate of $106.10 − regardless of complexity. We were able to achieve this big win for our members by having many voices contacting the DOL. 97161 will see an increase of 231%; 97162 will experience an increase of 103%. This issue has also led us to begin to take a more proactive role within the DOL to improve the valuation of our fee schedule and improve access for work comp patients.

- The US Center for Medicare and Medicaid Services (CMS) is proposing that physical therapists who provide care under Medicare Part B in a private practice setting must participate in the CMS Quality Payment Program (QPP) Merit-based Incentive Payment Program (MIPS) beginning January 1, 2019. This will be the major first step towards value-based care, and it is only expected to affect 5% of PTs within private practice that meet certain low volume threshold numbers. If mandated providers do not report, they could incur a 7% reduction in payment. CMS will be providing no updates to the current payment schedule for the next 5 years (2020-2025), therefore PTs are encouraged to start MIPS reporting as an opportunity to receive up to a 7% increase in reimbursement. This is a very complex program, so please reference our payment blog for more upcoming resources.

- CMS is also eliminating functional limitation reports (FLR) starting January 1, 2019.
- According to South Dakota Codified Law 58-17-54.1, the insurance co-pay for physical therapy services cannot exceed the co-pay amount by the insured primary care physician. Self-Funded Health Plans and federal plans, such as Medicare Advantage programs, are not required to adhere to South Dakota Insurance Law. This is an issue within other states, and our committee and President are currently in conversation with various groups for possible solutions. Please refer to our payment blog to see our President’s letter to the State’s Attorney General about our concerns. We will need PTs to communicate the value of physical therapy to local organizations with self-funded health plans, and we need our patients to submit complaints to the South Dakota Division of Insurance. We have linked a Patient complaint form and a white paper from the Private Practice section on our payment blog to assist you in these efforts.

- Stay tuned to our payment blog for information regarding appropriate billing for functional dry needling.

I would like to thank everyone that has been involved in our past meetings, and I strongly encourage others to listen in and get involved to help make some positive changes in our state. We will only see improved reimbursement if we have an active local chapter. Matt Weigel and I attended the State Policy and Payment Forum in September where the ATPA strongly communicated that changes in our reimbursement and increasing the recognition of our profession’s value must be achieved at local levels.
Education Committee by Lynn Simon PT, DPT, ATC ~ Big Stone Therapies

I am excited to announce Mark Peterson will be taking over as chairman of the Education Committee. I thank everyone who has helped me with organization of our education over the past 5 years.

There is a fabulous line up of courses for the next State Conferences.

Fall – October 13/14, 2018 Sanford, Sioux Falls

- The Lumbar Spine: From Manipulation to Stabilization and Everything In Between
  - By Scott Brown, PT, DPT, OCS, SCS, Cert DN and Jeff Schmidt, PT, DPT, OCS, SCS, Cert. DN, From Orthopedic Physical Therapist Specialists
- Plan to attend the 1st PEDS course the SDAPTA has offered in over 7 years!
  - World renowned instructor Susan Blum, PT of TMR Tots will present TMR for Tots & Teens Level 1 course. She is one of the best peds speakers and you will no doubt enjoy attending her course.

Spring 2019 – March 23/24, 2019 at The Lodge at Deadwood

- Modern Management of the Older Adult
  - Speakers: CHRISTINA PREVETT, PT, MSCPT, CSCS, PHD(C) and DR. DUSTIN JONES, PT, DPT

Fall 2019 – September 28/29, 2019 at Avera Sioux Falls

- If you treat patients with dementia, you MUST attend this course. It WILL change how you treat your patients!
  - Teepa Snow, OT will provide education on dementia. Teepa Snow is one of the leading educators on dementia and the care that accompanies it, in the US and Canada. The person-centered approach she developed evolved to meet the complex and unique needs of individuals using effective and structured technique.
- Cervical Spine: Manual Therapy Management
  - Speaker: Dr. Jeff Moore, PT, DPT, OCS, FAAOMPT
Start of Membership Meeting: 12:20pm

Quorum: met

1. Approval of Fall 2017 Meeting minutes Bill M motions, second
2. Fall election ballots-online
3. Treasurer’s Report- Wade F
   a. $300,000 Vanguard, ~$20,000 Great Western
4. Committee Reports
   a. Ethics-Brad Thuringer, Committee Chair - no new issues but previous issues with chiros using physiotherapy, continue to report.
   b. FAL: John Rounds, Committee Chair. 4 bills out there, opioid epidemic push. Private practice therapists to push with legislators needed. Tricare bill for PTA reimbursement. HB 620 ADA ed reform act. Prosper act, caps graduate loan amount, therapy cap repeal, issues with PTA reimbursement but on legislature radar.
   c. Reimbursement: Julie Wingen, Committee Chair. Work comp reimbursement rate increase to legislature. Monthly meetings continue with good attendance.
   d. State Legislative Affairs: Phil Moe, Committee Chair. No new report. Looking for new committee chair to take Phil’s spot.
   e. House of Delegates: Joy Karges, Committee Chair. Elections coming up for HOD. No new report so far.
   g. Public Relations: Brandi Rainboth, Committee Chair. $3000 grant from APTA for choosePT. Argus and rapid journal ads. Continued SD magazine ads and billboards. SD medicine mag ads. SD medical state leadership conference ads. SD special Olympics in spearfish may. SD senior games volunteers. USD med student presentation volunteers. FB and twitter.
   h. Education: Lynn Simon, Committee Chair. Pam representing. 75 attendance for con-ed this spring. Fall oct 13-14 TMR, spine course. Vendors: Sanford health, Fyzical. Door prizes given for spring meeting.
   i. Membership: Chris Barrett, Committee Chair. 2017 retained 87% of membership. Not a lot of growth. 335 PT 342 PTA. Ideas: write letter to new graduates from PT and/or PTA to encourage membership, involve PR committee, Instagram, FB, etc. membership kits to develop pub nights, well received. Prairie lakes hospital created journal clubs with outside invites to encourage as well.
   j. Awards: Jody Verhey, Committee Chair. No new report. Awards given in fall. Forms on SDAPTA website.
   k. Technology: Andy York, Committee Chair. May need to change west river site for teleconference. Quorum issues need to possibly change by-laws.
   l. Nominating: Amber Jansen, Committee Chair. New positions coming up that need to be filled will address in fall. Will provide up to date list of committee chairs and members on website.
m. Ad hoc committee: Technology

1. Due to unavailability of SD DDN at the Lodge it was cost prohibitive for this meeting

2. Need to change by laws for voting and quorum for satellite sites

3. Will need to schedule meetings at sites that are equipped to handle technological needs.

5. Old Business

a. Continuing education: Rule in statute amended by SDBMOE, goes to IRRC April 9th, 2018. If approved at the IRRC meeting (4/9/2018) it will be filed with the Secretary of State and become provisionally effective 20 days later. 15hrs/year but no auditing, went into effect this year 2018.

b. Dry Needling statute: legislation passed, working with SDBMOE to establish regulations, ideally everything will be in place by July 1, 2018. No stipulation for # hours for certification as of yet, just need completion of course with form returned to licensure board. Goal to get in place by next month and reviewed in June to be set in place by July 1.

c. SDBMOE: Petition for Declaratory Ruling: Attending Physicians’ Delegation to Qualified Physical Therapists to Write Therapy Orders for Residents of Long-Term Care Facilities. A DR passed by SDBMOE preventing physicians from delegating task to PT's in LTC facilities.

d. Reimbursement: Medicaid & Works’ Compensation. Low complexity evals not well reimbursed. See report from Reimbursement Committee.

e. Committee Members need:

   Reimbursement Chair in place

   Ethics Chair in place

   State Legislative Affairs Chair: needed

f. Technology-continued effort for teleconference for business meetings

6. New Business

a. Physical Therapy Licensure Board under Department of Health. FSBPT-recommends PTs have voting authority for any independent changes in SD. 1 of 4 states that is still under physician held board. Groundwork has been laid to promote development of PT having own licensure board, positive reviews from legislature. If approved, gov will appoint members 5 PT and 1 lay person, will appoint prof licensure co to handle daily issues with licensing. May increase licensing fees but worth the independence. Current license fee $50.

b. Other new business

motion adjourned, second.

Meeting end: 2:11 pm
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