

**Department of Legislative Services**  
Maryland General Assembly  
2013 Session

**FISCAL AND POLICY NOTE**  
**Revised**

Senate Bill 285

(Senator Peters)

Education, Health, and Environmental Affairs

Health and Government Operations

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**Health Occupations - Kinesiotherapy - Study**

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This bill requires the State Board of Physicians (MBP), in cooperation with the State Board of Chiropractic and Massage Therapy Examiners, the State Board of Occupational Therapy Practice, the State Board of Physical Therapy Examiners, and other stakeholders, to (1) study the practice of kinesiotherapy; (2) study standards regarding the practice and licensure of kinesiotherapy nationally and in other states; and (3) determine the number of kinesiotherapists in Maryland and identify their educational background and experience. MBP and its partners must make recommendations regarding options for kinesiotherapists to qualify under other categories of licensure or certification, whether a separate licensure structure is appropriate and feasible, and, if so, the scope of practice and regulatory structure for kinesiotherapists. MBP must submit an interim report by December 1, 2013, and a final report by June 1, 2014, to specified committees of the General Assembly.

The bill takes effect July 1, 2013.

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**Fiscal Summary**

**State Effect:** Special fund expenditures in FY 2014 increase by as much as \$60,000 for MBP to conduct the study. No effect on revenues.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

**Current Law:** Maryland law does not specifically address kinesiotherapists. Individual health care providers are regulated under their respective health occupations boards.

MBP, which operates through special funds, is responsible for the licensure and discipline of physicians and allied health professionals. Committees play a large role in the oversight of allied health professionals under the board's jurisdiction. For instance, the Physician Assistant Advisory Committee makes recommendations to the board concerning the approval, modification, or disapproval of an application for certification as a physician assistant and delegation agreements as well as regulations governing physician assistants.

**Background:** According to the American Kinesiotherapy Association (AKTA), kinesiotherapists provide sub-acute or post-acute rehabilitative therapy focusing on therapeutic exercise, reconditioning, and physical education. Therapeutic exercises are intended to enhance the strength, mobility, and endurance of functionally limited patients or those requiring long-term reconditioning. Developed during World War II, kinesiotherapy originally helped wounded soldiers return to their units quickly and at full functionality. Registered kinesiotherapists are most commonly employed at Veterans Affairs facilities, but they also work in academic settings and fitness/wellness centers.

Nationally, the primary credential for kinesiotherapists is registration by the Council on Professional Standards for Kinesiotherapy (COPS-KT). To qualify, an individual must (1) be a graduate of an accredited kinesiotherapy program; (2) satisfy minimum core course requirements with a grade point average of 2.5 on a 4.0 scale; (3) provide a written letter of sponsorship from a registered kinesiotherapist documenting at least 1,000 hours of clinical experience; and (4) pass a written examination.

Nationally, there are 340 registered kinesiotherapists in good standing with COPS-KT. There are approximately nine registered kinesiotherapists in Maryland; however, there are likely many more kinesiotherapists who are not registered but reside or work in Maryland.

To date, no state licenses kinesiotherapists. However, kinesiotherapy is recognized nationally by the Commission on Accreditation of Allied Health Education Programs as an allied health profession and has been assigned a revenue code by the National Uniform Billing Committee. According to AKTA, without licensure it is difficult for kinesiotherapists to find work in the private sector due to the need to be licensed or credentialed in order to bill insurance. Despite having a particular focus,

kinesiotherapists share their scope of practice with other regulated professionals, including physical therapists, athletic trainers, and occupational therapists.

**State Expenditures:** Special fund expenditures for MBP increase in fiscal 2014 to complete the study required under the bill. According to the board, sufficient resources are not available in-house to complete the study on its own. Therefore, the board advises that contractual expenditures of up to \$60,000 are required, based on the cost of the most recent study contracted by the board.

The Department of Legislative Services notes that, under SB 530/HB 763 of 2012, which would have required the board to license and regulate the practice of kinesiotherapy according to a statutory framework, the annual cost to develop and implement a kinesiotherapist licensure program was estimated to cost \$19,500 to \$35,800 annually.

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## **Additional Information**

**Prior Introductions:** Related legislation, SB 530/HB 763 of 2012, would have required the State Board of Physicians to license and regulate the practice of kinesiotherapy. The bills were heard by the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, respectively. Both bills were later withdrawn.

**Cross File:** HB 717 (Delegate Hubbard) - Health and Government Operations.

**Information Source(s):** American Kinesiotherapy Association, Department of Health and Mental Hygiene, Department of Legislative Services

**Fiscal Note History:** First Reader - February 18, 2013  
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