

HB 637: Patient Access to Physical Therapy

Problem Statement

Patients seeking alternatives to prescription medications and surgery are choosing physical therapy for the prevention and treatment of conditions affecting movement and function, only to find arbitrary, unnecessary, and costly access barriers.

In 1991, the Texas Legislature agreed that patients could directly access a physical therapist for an evaluation only or for treatment of a previous injury under a prior referral for a limited period of time. The access restrictions were not based on evidence and are still in effect today. Without any evidence, these Restrictions are doing nothing more than increasing the costs to patients.

Patients should have the option to access their physical therapists without obtaining a prior referral. Currently, physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners are all allowed to determine if a patient needs physical therapy. Thus, it has been determined that physician training is not needed to determine if physical therapy is appropriate for a patient. Physical therapists are at least as qualified, if not more, than the other professions listed to determine if a patient's condition lies within their scope.

Texans may directly access a chiropractor, podiatrist, massage therapist, acupuncturist and even a personal trainer for injuries; yet they cannot go directly to a physical therapist for treatment.

How does legislation address the problem?

The Texas Physical Therapy Association stands firmly in support of access without ANY arbitrary barriers.

Cost Effectiveness:

- An analysis of Blue Cross-Blue Shield claims showed that the total paid claims for physician referral episodes to physical therapy was **123% higher** than the paid claims for direct access episodes. In addition, physician referral episodes were **65% longer** and resulted in **60% more** office visits than direct access episodes. (Mitchell J, de Lissovoy G. A comparison of resource use and cost in direct access versus physician referral episodes of physical therapy. *Phys Ther.*1997; 77:10-18.)
- In 2005, an approach was taken by the Virginia Mason Medical Center in conjunction with Aetna and employers such as Starbucks to reduce the cost for low back pain treatment. As a result of having the patient meet immediately with a physical therapist and physician, the average cost for treatment was reduced from \$2,100 – \$2,200 to \$900 - \$1,000. (*Wall Street Journal*, 01/12/07)

Access:

- According to the Texas Medical Association, in 2009 Texas ranked 43rd in shortage of primary care physicians. Healthcare Reform implementation will only amplify this shortage. Delays in a patient's access to needed physical therapy treatments may result in longer recovery times and increased costs. The average patient in Dallas and Houston waits roughly 20 days to see a primary care physician. (Merritt Hawkins, *2009 Survey of Physician Appointment Wait Times*).

Safety:

- The move to post-baccalaureate PT education started more than 10 years ago, and today all 12 Texas PT programs culminate in a doctorate of physical therapy degree (DPT).
- CNA Insurance Company, a leading liability insurer of physical therapists, says "At this time, direct access is not a risk factor that we specifically screen for in our program because it has not negatively impacted our claims experience in any way. In addition, we do not have a premium differential for physical therapist in direct access states, nor do our competitors – a strong testament to the fact that direct access to physical therapy services has not increased the risk exposure presented by physical therapists."

HB 637:

- Does NOT expand physical therapy scope of practice. It is a CONSUMER ACCESS bill.
- Does NOT affect the current statutory duty to refer to a healthcare professional for conditions outside of the scope of practice of a physical therapist.
- Does NOT mandate insurance reimbursement for direct access services.
- Does NOT change payment regulations for Workers' Compensation or Medicaid and thus does NOT impact state expenditures.

Benefits of Patient Access

- Patients who choose to access their physical therapist will not have to pay for "rubber stamp" referrals from other health care providers.
- Physical Therapists will be able to serve the patients who seek them out for the prevention and treatment of conditions affecting movement and function.
- Health plans that choose to reimburse for physical therapy services without referral will have potentially lower costs.

Who already uses this legislation?

- United States Military – Physical Therapists have been able to treat soldiers without referral since 1973. Time and again this practice has been shown to be an effective way to return soldiers to duty in less time.
- 17 states (AK, AZ, CO, HI, ID, IA, KY, MD, MA, MT, NE, NV, ND, SD, UT, VT, WV) currently do not require referrals. These states have not experienced any increase in liability claims or disciplinary actions. The physical therapists in Texas pass the same National Physical Therapy Exam (NPTE) as the therapists in these 17 states.

If you have any questions regarding any information on this page, please contact Paul Hardin, CAE, at 512-477-1818 or paul@tpta.org.

