



November 14, 2024

TO: House Health Policy Committee

RE: Support Senate Bill 668, Loosens Restrictions on Patient Access to Physical Therapy

Dear Chairwoman Rogers, Vice Chair Whitsett, Minority Vice Chair VanderWall and all honorable members of the House Health Policy Committee,

Thank you for the opportunity to speak with you today regarding Senate Bill (SB) 668. SB 668 is critical for modernizing the regulatory environment for physical therapists to improve patient access, address health inequity, reduce health care costs, promote greater interprofessional collaboration, and retain health care provider talent in Michigan. APTA MI is grateful to Senator Kevin Hertel for sponsoring the legislation and his leadership on this issue. We are delighted to report that SB 668 passed out of the Senate Health Policy Committee unanimously and out of the full Senate, **38-0**. I would also like to note that SB 668 reflects months of hard work on the front end of the legislative process, and we are grateful for the collaborative efforts of partners like the Michigan State Medical Society, Blue Cross Blue Shield of Michigan and the Michigan Osteopathic Association who are all either neutral or supportive of SB 668.

First, some background on physical therapy. Michigan is home to 7 physical therapist education programs in the state. There are currently roughly 14,000 licensed PT's and PTA's practicing in Michigan. Acceptance into PT school is competitive with program's receiving 2-3 times more qualified applicants than slots available. All of PT graduates across the country earn a doctorate of physical therapy which requires 4 years of undergraduate and 3 years of graduate professional education.

In 2015, Michigan was the very last state to allow an individual to receive treatment from a physical therapist without a referral or prescription from a physician. At that time, APTA Michigan accepted compromised language that contained some of the most restrictive provisions in the country, even though there was not any evidence that restrictive provisions increase patient safety.

- There are 21 states with unrestricted direct access to physical therapy.
- Nebraska was the first state to achieve unrestricted direct access in 1957.
- Physical therapists within the US Department of Defense (DOD) have been providing physical therapy care in military settings for over 20 years. A DOD report released in 2023 found that direct access to physical therapy is safe, effective, and improves patient outcomes, military readiness, preservation of the force, and reduce costs.¹⁶ In most settings, PTs are utilized as the primary care provider for musculoskeletal injuries.

Data from 11 studies across nearly 4.3 million patients¹⁻¹¹ has demonstrated a clear and consistent cost savings when patients go to see a physical therapist directly and without first seeing a physician.

- Not only is the cost of the episode of physical therapist care lower, but the total cost of *all* care is lower as well due to reduced costs related to unnecessary imaging, medications, specialist visits, and surgeries.
- However, the cost savings of direct access to physical therapy are not fully realized in states like Michigan that have restrictive provisions.⁹

It is also important to note that there have not been any license actions against a physical therapist related to direct access in Michigan since direct access began in 2015, and the largest malpractice liability carrier in the country does not consider direct access to be a risk to patient safety, regardless of the provisions that a state does or does not have.¹²

- That point bears repeating...the experts in data-driven risk assessment do not consider direct access to be an increased risk, including those states that have absolutely no restrictions or provisions.

It is also important to emphasize that there are numerous provisions in SB 668 that strengthen safeguards and interprofessional collaboration, including requirements to consult with/notify the medical team if the patient is:

- Receiving physical therapy treatment
- Demonstrates a decline, exacerbation, or complication
- Has a health care problem outside the scope of practice of the physical therapist
- Needs to continue treatment beyond 60 days

Regarding the “brain drain” of Michigan’s best and brightest new graduates, Michigan is NOT a welcoming regulatory practice environment for physical therapists.

- Given the growing shortage of health care providers nationally and in Michigan, we can ill afford to lose our best and brightest to other states that allow new graduates to practice to the level to which they are trained.

Additionally, given the existing and growing shortage of physicians in Michigan,^{14,15} especially on the southeast side of the state, patient access to health care is a significant concern.

- Requiring patients with routine musculoskeletal problems to see a physician prior to seeing a physical therapist or shortly after having already started physical therapy care takes away a visit needed by other patients with medical problems who need the unique skills of the physician.
- The provisions currently in the Michigan Public Health Code restricting access to physical therapy treatment, in addition to the primary care physician shortage, can mean patients have delayed physical therapy care, often with increased pain and functional limitations.

Removing restrictions on access to physical therapy improves health care equity. Many patients, especially those with high deductible plans, cannot afford to pay for unnecessary visits to the physician to get a “permission slip” to see the most appropriate provider to treat their physical therapy-related problem.

Lastly, SB 668 is not a payment mandate, and existing provisions in the insurance code allow a payer to continue to require a physician prescription for physical therapy treatment if they so desire.

Respectfully,



Brian Gilbert, PT
President
APTA Michigan



Michael J. Shoemaker, PT, DPT, PhD
Past President 2016-2020
APTA Michigan

References

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