



**To:** House Health and Human Services Committee

**From:** Jerry Slaughter  
Executive Director

**Date:** January 23, 2012

**Subject:** HB 2159; concerning physical therapists

The Kansas Medical Society appreciates the opportunity to submit the following comments on HB 2159, which amends the licensing statute for physical therapists. The bill allows PTs to initiate treatment on individuals without a physician referral. Under current law, PTs may only initiate treatment under certain limited conditions, by a physician or certain other health care providers.

The PT scope of practice was most recently amended during the 2007 legislative session when the Kansas Medical Society came to an agreement after several meetings with representatives of the Kansas Physical Therapy Association on this issue. We believe the structure of our current framework, which allows for limited direct access under certain conditions, and reinforces a collaborative framework between physical therapists and physicians, promotes high quality patient care, and does not in any way inhibit access to physical therapy for patients.

This legislation is a significant departure from the current statutory framework and would authorize PTs to diagnose and initiate treatment without any involvement, direction or coordination by a physician. The bill would remove the current requirement for a physician's diagnosis to provide a course of physical therapy. Physical therapy is very important, but we believe it should be done in collaboration with a physician. We wish to stress the important role that physicians play in ruling out other medical conditions, outside a PTs education and training that could be the source of the pain, before referring the patient for physical therapy treatments. Many patients often have underlying medical conditions that could manifest themselves in musculoskeletal pain, for example. Those patients should first be evaluated by a physician, who is in the best position to determine if there is an underlying condition, and then after making the proper medical diagnosis, prescribe treatment accordingly. If physical therapy is indeed warranted, the physician would then order PT as part of the therapeutic regimen prescribed for the patient.

Proponents will undoubtedly claim that in order to improve access to physical therapy care, this change is needed. However, the current system, which requires the involvement of a physician prior to initiating treatment in most cases, does a good job of ensuring that PT services are authorized when they are needed, and are integrated into the complete care needs of the patient.

In fact, moving to a direct access model is counter to the gathering momentum in health care nationwide to support and incorporate the patient-centered medical home (PCMH) into delivery systems. The patient-centered medical home is a team-based, physician-directed model of care that provides continuous, coordinated patient care that produces better health outcomes and more efficient use of resources. It is a model of practice in which a team of health professionals, coordinated by a personal physician, works collaboratively to provide high levels of care, access and communication, care coordination and integration, and care quality and safety. The PCMH is responsible for coordinating and arranging for all of a patient's health care needs, including preventive and chronic care needs, specialty care, lab/x-ray facilities, hospitals, home care agencies, physical therapy and all other healthcare professionals on the patient care team. Our Medicaid program, for example, is incorporating the PCMH into its transformation plans, because it sees the value of better care coordination, and the elimination of care "silos," which drive up costs and result in fragmented care. Authorizing direct access for physical therapy perpetuates the problems of fragmented health care, which is more costly and does not produce the higher quality and better outcomes that are available through better integrated and coordinated care delivery.

Proponents will also claim a significant majority of states currently allow direct access. However, according to the American Physical Therapy Association, only 17 have unrestricted direct access laws that truly permit physical therapists to provide PT services without a physician's involvement.

We cannot support HB 2159. We believe the current structure works well, and is more consistent with the coordinated care model that the health care system is moving towards. Thank you for the opportunity to offer these comments.