

TO: Senate Public Health and Welfare Committee Members

FROM: Pam Palmer, PT
KPTA Legislative Chair

DATE: January 28, 2013

SUBJECT: SB 46 (Patient Self-Referral to Physical Therapy Services)

Thank you for giving me the opportunity to speak in favor of SB 46, which would remove the requirement that physical therapists must have a referral from a physician prior to treating a patient.

It must be difficult, as legislators, to decide what legislation should be passed. Proponents and opponents provide plenty of supposition regarding the merits of the bill. And often times, no one is really sure how the law will affect the people of the State of Kansas after it has been enacted. That is simply not the case with this bill. There is plenty of evidence on record that shows how well this bill works. There is no supposition on the part of the KPTA. We have facts that show this proposed legislation is in no way harmful to the public.

- SB 46, which would allow physical therapy services to be performed without a physician referral, is law in many states. ***The public has been able to seek physical therapy services without a physician referral in Nebraska since 1957, in Arizona since 1983, and Colorado since 1988*** (with 14 other states also allowing unrestricted patient self-referral). In the noted states alone, we have **25-50 years** of history showing how this law performs. That's a lot of evidence.
- Evidence shows that this bill works. Otherwise, the law would have been revoked in Nebraska, Arizona, and Colorado (and in the other 14 states that have the law). **If the public were being harmed, the law would have been changed by now. But no attempts have been made to repeal the laws in those states.**
- Additional evidence, without supposition. **If this law were harmful to the public, the public would be suing more physical therapists for malpractice in the states that currently have patient self-referral to physical therapy.** But again, the facts show differently. A written statement from HPSO, the largest provider of malpractice insurance for physical therapists in the United States, proves that malpractice claims against PTs are no different in Nebraska, Arizona, or Colorado than they are in states without patient self-referral.

On the other hand, you will be hearing from our opposition plenty of supposition, but no evidence to support their claims. They claim that Physical Therapists do not have the educational background to practice without a physician referral, which would result in patient harm. They claim we would be treating patients outside of our scope of practice, which would result in patient harm. And they claim that Physical Therapists will miss cancer diagnoses with our patients. But when looking at PT practice in 17 states that have complete unrestricted patient self-referral to PT services, we know that none of their claims are factual. ***Current law regarding access to physical therapy services in Nebraska, Colorado, and Arizona (along with many other states) has worked well for over 25 years.***

Please note that the KPTA is not seeking unrestricted patient self-referral with this bill. The compromise we reached with our opponents includes provisions to communicate with the physician within 5 days after the PT evaluation. Another compromise requires a physician referral be obtained if the patient does not show documented improvement within 15 days of PT evaluation.

In conclusion, I encourage you to look at the facts regarding this bill. Our opposition would have you believe this proposed legislation will cause great harm to the public, but there is hard evidence to refute those claims.

Thank you.

Pam Palmer PT
Legislative Chair
Kansas Physical Therapy

1. A Description of Physical Therapists' Knowledge in Managing Musculoskeletal Conditions

John D Childs†1, Julie M Whitman†2, Phillip S Sizer*†3, Maria L Pugia†4, Timothy W Flynn†2 and Anthony Delitto†5

Published: 17 June 2005

BMC Musculoskeletal Disorders 2005, **6**:32 doi:10.1186/1471-2474-6-32

This article is available from: <http://www.biomedcentral.com/1471-2474/6/32>

- **Experienced physical therapists had higher levels of knowledge in managing musculoskeletal conditions than medical students, physician interns and residents, and all physician specialists except for orthopaedists.**
- **The results of this study may have implications for health and public policy decisions regarding the suitability of utilizing physical therapists to provide direct access care for patients with musculoskeletal conditions.**

1. Management Patterns in Acute Low Back Pain

The Role of Physical Therapy Alfred Campbell Gellhorn, MD,* Leighton Chan, MD,† Brook Martin, MPH,‡ and Janna Friedly, MD*

Published: *Spine (Phila Pa 1976)*. 2010 Nov 19. [Epub ahead of print]

This article is available from: <http://www.ncbi.nlm.nih.gov/pubmed/21099735>

- **There was a lower risk of subsequent medical service usage among patients who received PT early after an episode of acute low back pain relative to those who received PT at later times. Medical specialty variations exist regarding early use of PT, with potential underutilization among generalist specialties.**

1. Wellmark Blue Cross and Blue Shield 2008 Pilot Program

- The Wellmark Blue Cross and Blue Shield 2008 pilot program, a quality improvement program for Iowa and South Dakota physical medicine providers, collected data from 238 physical therapists, occupational therapists, and chiropractors who provided care to 5,500 Wellmark members with musculoskeletal disorders.
- The data showed that 89% of the Wellmark members treated in the pilot reported a greater than 30% improvement in 30 days. In addition, Wellmark claims data for members who received care from physical therapists or chiropractors was compared with data for a member population with similar demographics (including health) who did not receive such services. **The comparison showed that those who received physical therapy or chiropractic care were less likely to have surgery and experienced lower total health care costs.**

1. Imagining Strategies for Low-Back Pain: Systematic Review and Meta-Analysis

Roger Chou, Rongwei Fu, John A Carrino, Richard A Deyo

Published: *Lancet* 2009; **373**:463-72

- Lumbar imaging for low-back pain without indications of serious underlying conditions does not improve clinical outcomes. Therefore, clinicians should

refrain from routine, immediate lumbar imaging in patients with acute or subacute low-back pain and without features suggesting a serious underlying condition.

1. **A Comparison of Resource Use and Cost in Direct Access Versus Physician Referral Episodes of Physical Therapy**

Mitchell J, de Lissovoy G.

Phys Ther. 1997;77:10-18.

- **Research data indicate that direct access patients, even when they are less healthy than those referred by physicians, are treated for shorter periods of time and with less cost.** For example, an analysis of Blue Cross–Blue Shield claims in the State of Maryland investigated the resource use and cost in direct access versus physician referral episodes of physical therapy. The total paid claims for physician referral episodes to physical therapists was 123% higher than the paid claims for direct access episodes. The total paid claims averaged \$2,236 for physician referral episodes compared with \$1,004 for direct access episodes, a difference of \$1,232. In addition, physician referral episodes were 65% longer, generated 67% more physical therapy claims, and resulted in 60% more office visits than direct access episodes.

1. **Physical Therapy Care for Low Back Pain: Monitored Program of First-Contact Nonphysician Care**

Overman SS, Larson, JW, Dickstein DA, Rockey PH.

Phys Ther. 1988;68:199-207.

- **Studies on low back pain have shown that patients managed by physicians were prescribed more muscle relaxants, and more narcotic analgesics, and experienced more re-occurrences of injury. In addition, although patients seen by physical therapists as first-contact providers were less healthy than those seen by physicians, the data indicated a lower total treatment time for patients managed by the physical therapists.**



January 26, 2011

Justin Elliott
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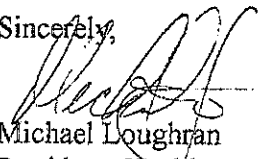
Dear Mr. Elliott:

The national office of the American Physical Therapy Association awarded its exclusive endorsement to the professional liability insurance program marketed by Healthcare Providers Service Organization (HPSO) and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA Company, in 1992. Today, we are a leading provider of professional liability coverage to the physical therapy profession, insuring over 85,000 PTs, PTAs, and students of physical therapy.

We are aware that 46 states and the District of Columbia currently allow physical therapists direct access to patients without a physician referral. We regularly monitor trends to be sure that we are adequately accounting for all risks and have not noted any trends relative to the practice of physical therapy in direct access states. The current actuarial summary of the CNA/HPSO Program indicates that the average loss experience from physical therapy services in direct access states is comparable to the loss experience in those states where direct access has not yet been approved.

Based on the above, our underwriting practices have not changed. Direct access is not a risk factor that we specifically screen for in the underwriting of our program nor do we charge a premium differential for physical therapists in direct access states. We currently have no specific underwriting concerns with respect to direct access for physical therapists.

Sincerely,



Michael Loughran
President, Healthcare

cc: A. Johnson – APTA
M. Scott – CNA