

APTA Advocacy Network Newsletter — March 2023 Edition

Spring Has Sprung

With March comes March Madness, which not only refers to the NCAA basketball tournament but also the rush to get bills reintroduced in the new session of Congress and educate lawmakers, both returning and new, about physical therapy.

With the start of the 118th U.S. Congress, APTA has released its [Public Policy Priorities, 2023-2024](#). APTA's biannual statements of our public policy priorities help us deliver our message to federal legislators and policymakers on the role of physical therapy in the U.S. health care system. They provide decision-makers with an easy-to-understand roadmap of where we think our country needs to go and serve as a starting place for deeper conversations on needed reforms. Every two years, APTA establishes its [public policy priorities](#) in conjunction with each new session of Congress. While not an exhaustive list of all APTA's legislative goals and bills, these priorities offer a "big picture" of our advocacy work at the federal level.

Developed by the APTA Public Policy & Advocacy Committee and reviewed by APTA's components, key board-appointed committees, and Federal Affairs Liaisons, and approved by the APTA Board of Directors, the intended audience for the [eight-page document](#) are members of Congress, Capitol Hill staff, federal agencies, and the administration. The document is delivered to all members of Congress, their staff, and federal agencies, and used by APTA members and staff in advocacy efforts.

The strains and stresses on the U.S. health care workforce will likely be an issue of focus in this Congress. On March 2, Sens. Bernie Sanders, I-Vt., chair of the Senate Health, Education, Labor, and Pensions Committee, and Bill Cassidy, M.D., R-La., ranking member of the HELP Committee, issued a "Request for Information" from health care providers and stakeholders on the causes of the current health care workforce shortage and stress and potential ways to address it. Using this input, the senators hope to identify bipartisan solutions that can be included in future legislation. APTA will be submitting extensive comment to the senate committee outlining how the physical therapy workforce has been significantly challenged by the COVID-19 pandemic, increased administrative burden, student loan debt, and Medicare cuts, among other factors, while also highlighting APTA priority bipartisan legislation to address these issues.

The strains on the therapy workforce, combined with increased administrative burden and year-over-year cuts to Medicare, require additional incentives to recruit and retain PTs and PTAs, as well as policy fixes to address Medicare payment, prior authorization, student loan debt, and outdated regulations. Many of APTA's priority bills for the 118th Congress are aimed at doing just that and provide bipartisan policy

solutions to address the current workforce and payment stresses. APTA's legislation aimed at PTA supervision, Medicare Opt-Out, student loan debt, locum tenens, telehealth, prior authorization, Medicare payment, and more are scheduled to be reintroduced in the Congress in the weeks ahead.

At the state level, APTA state chapters are hard at work advancing legislation aimed at Medicaid payment, fair copays, prior authorization, improved direct access scope of practice, and the PT interstate compact. Be sure to check out the state legislative round up in this newsletter.

Finally, we were able to celebrate PTPAC's 50th anniversary last month at APTA CSM in San Diego. Contributing to PTPAC helps ensure that our bipartisan voice is heard on Capitol Hill and supports lawmakers who champion the physical therapy profession. Learn more about PTPAC by checking out [this article](#) or go to [PTPAC's website](#).

Advocacy cannot happen without members. Your membership in APTA matters, as does our collective voice. Thank you for your advocacy, your dedication to the physical therapy profession, and for being a member of APTA.

Justin Elliott, Vice President, Government Affairs

Congressional Update

APTA Guide to Physical Therapist Practice 4.0 Now Available

The fourth major revision to the [Guide to Physical Therapist Practice](#) 4.0 is now live. The Guide is the official description of physical therapist practice, establishing a universal foundation of understanding for a diverse and dynamic profession. [Access our updated advocacy module](#) to support your APTA advocacy work.

Locum Tenens Legislation Introduced in Congress

The Prevent Interruptions in Physical Therapy Act (H.R. 1617/S.793) was recently introduced to allow physical therapists in all geographical regions to enter in locum tenens arrangements under Medicare.

Locum tenens, meaning "to hold the place of or substitute," allows eligible providers to bring in a qualified replacement during a temporary absence for illness, pregnancy, vacation, or continuing education. Currently, locum tenens for physical therapists is only allowed in federally designated rural and

Physical Therapy Compact Background Check Legislation Introduced

This month, Reps. Tracey Mann, R-Kan., and Joe Neguse, D-Colo., introduced the States Handling Access to Reciprocity for Employment Act (H.R. 1310). This legislation would ensure that required federal background checks are completed so physical therapists and physical therapist assistants can participate in the state Physical Therapy Compact. This legislation will enable PTs and PTAs to obtain PT Compact privileges, which will allow them to provide critical physical therapy care for patients in multiple states.

underserved areas. This limitation prohibits many PTs in private practice from taking needed leave without continuity of care for their patients.

H.R. 1617/S.793 would expand locum tenens to all geographic areas, ensuring uninterrupted patient care and preventing regression, while allowing for flexibility to physical therapists.

In recent years, the FBI has delayed reviewing critical background check applications. The SHARE Act would require the FBI to expeditiously process the requested background checks and deliver the resulting information to the state licensing boards. This would enable these member states to become active compact states, which will expedite the ability of PTs and PTAs to provide their services to patients in need of physical rehabilitation through use of the PT Compact. The SHARE Act is endorsed by APTA, the American Occupational Therapy Association, the National Council of State Boards of Nursing, the American Speech-Language-Hearing Association, and the National Rural Health Association.

State Update

State Legislative Update 2023: Payment, PT Compact, Improved Direct Access, and More

Is the PT Compact about to experience a growth spurt? It's a very real possibility, with as many as 13 states considering or poised to consider adopting the system that allows PTs and PTAs to gain privileges to work in multiple states through a single license. If all 13 were to sign on to the system, total participation would rise to all but four states over the coming years, making the PT Compact one of the country's fastest growing multistate practice programs.

The 13 states that have introduced or are considering introduction of compact legislation are Alaska, Connecticut, Hawaii, Illinois, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Mexico, New York, Rhode Island, and Vermont. A [map that tracks the states currently participating in the compact](#) is available at the PT Compact website.

The potential bump in compact participation comes as state legislatures across the country assemble for their sessions. And that isn't the only thing happening in state houses when it comes to physical therapy. Here's a quick rundown of some of the more notable legislation that's been introduced or is being considered for introduction.

(Note: This recap is a snapshot in time — other legislation could be introduced, or this legislation could be withdrawn over the coming weeks. Those interested in activities in any particular states are urged to visit [APTA chapters' individual websites](#) for details.)

Direct Access

While direct access is technically in place across the country, some states are more restrictive than others. This year, legislation to reduce current limitations has been introduced or is expected to be introduced in Georgia, Missouri, Pennsylvania, South Carolina, Texas, and Virginia.

Independent Physical Therapy Board

APTA South Dakota saw success when Governor Kristi Noem signed Senate Bill 78 on March 9, which creates an independent physical therapy licensure board. Currently, physical therapists and physical therapist assistants are overseen by the South Dakota Board of Medical and Osteopathic Examiners. The new physical therapy board, which will include four South Dakota licensed physical therapists, one South Dakota licensed physical therapist assistant, and two members of the public, will reflect the autonomy of the physical therapy profession.

Fair Copays and Cost-Sharing

Regulatory guardrails that limit patient copay burdens to improve access to PTs and PTAs are on the docket or are expected to be in Florida, New York, Ohio, and Texas. The West Virginia legislature recently passed HB 2436, which prohibits an insurer from imposing a copayment for services rendered by a PT or PTA that is more than a copayment for the services of a primary care or an osteopathic physician. APTA West Virginia collaborated with the West Virginia Speech and Hearing Association and the West Virginia Occupational Therapy Association on the legislation.

Administrative Burden

Legislation introduced in Maryland would reform utilization review requirements. The legislation includes provisions to standardize and automate the preauthorization process and the online preauthorization system for payers, in addition to increasing the penalties for violating certain provisions related to utilization review.

Payment and Business Operations

Legislators in at least four states soon may be or are currently considering changes that could have a positive impact on physical therapy payment and businesses. They include:

- **Illinois:** An increase in payment under Medicaid for PT, speech therapy, and occupational therapy services that would put the system on par with Medicare.
- **Nebraska:** Prohibition of the use of Multiple Procedure Payment Reduction by commercial insurers; establishment of payment parity for services delivered via telehealth.
- **New Mexico:** Tax credits for rural PTs.
- **Washington:** Reduced restrictions on PTs and occupational therapists in forming professional service corporations.

Scope of Practice Issues

Legislation has been or could be introduced in several states that would expand the activities included in the PT's practice scope. They include:

- **Arkansas:** Enable PTs to make concussion clearance determinations; include PTs among the providers empowered to issue disability placards.

- **Indiana:** Include PTs among the providers permitted to administer an exam (within the PT's scope of practice) to evaluate initial, renewal, or learner's commercial driver permits.
- **Iowa:** Allow PTs to make referrals for imaging; add PTs to the list of providers empowered to evaluate whether a hunter qualifies for use of a crossbow.
- **North Dakota:** Include PTs among the providers empowered to issue disability placards.
- **Tennessee:** Include PTs among the providers empowered to issue disability placards.
- **Washington:** Include dry needling in PT scope of practice.

Want to help fuel legislative wins in your state? [Contact your state chapter](#) to find out how you can get involved in advocacy.

Regulatory Update

APTA Gets Creative to Rally Membership Around Proposed Prior Authorization Fixes

In late 2022, the Centers for Medicare & Medicaid Services released three consecutive proposed rules to address a variety of well-documented prior authorization issues that continue to plague providers and hinder patient access to medically necessary care. The most significant of the three, if finalized, would require centralized and streamlined prior authorization processes, comprehensive denials information to providers, and improved prior authorization data to providers, for not only Medicare Advantage plans, but qualified health plans (i.e., ACA marketplace plans). Ultimately, the rule represents a monumental shift that places providers first and reduces the substantial administrative burden associated with handling prior authorization requests across numerous payor portals.

APTA's Health Policy and Payment team submitted comprehensive comments on all three rules but got particularly creative to rally support for the most recent prior authorization rule. To this end, APTA provided members with several opportunities to offer feedback on the rule; in addition to drafting a template letter for quick submissions, APTA employed its new comment writing tool, which is geared toward helping members provide agencies with personalized feedback drawn from their clinical experience. APTA specifically keyed in on CMS' request for individualized feedback, and rallied to provide members with education, tools, guidance, and examples of how to structure their thoughts in an effective way to affect the agency's policy decisions.

APTA members rallied around the advocacy options, representing over half of the posted comments as of the comment deadline. In particular, APTA saw a significant surge in membership sharing personalized feedback, identifying the impact of burdensome prior authorization policies, incongruent processes, and more. Comments from PTs, PTAs, students, researchers, and others provided an articulate, comprehensive picture of how finalizing the proposals could change providers lives for the better, improve patient care, and reduce health care spending.

Of those who used the new comment tool, two-thirds had never submitted a comment before, and one-third were repeat users. The numbers indicate growing interest among members in this new form of regulatory advocacy, and that those who learn these skills are more comfortable putting them to use consistently. Further, members are finding their groove, submitting higher quality letters with more substantial details that directly help CMS connect the dots between policy changes and real-world implications.

Ascending interest in the tool represents a turning point in the way that APTA and its members are approaching regulatory advocacy, solidifying a three-pronged approach to proposed policy changes. Along with the association's own comments, we are now able to: (1) provide nuanced policy recommendations; (2) identify real-world provider and patient impact across practice settings; and (3) show support or opposition with substantial numbers. Ultimately, as CMS continues to change, APTA is changing with it, and to great effect. The association is continually looking to refine its approach to regulatory advocacy, and the comment tool appears to be an effective choice in its expanding suite of strategies.

Grassroots Update

A New Congress Begins: A Marathon, Not a Sprint

A new Congress begins every two years when the House of Representatives is reelected. Representatives are elected every two years and senators have a staggered term of six years. The current Congress is called the 118th Congress.

The results of the 2020 census may have changed how many representatives are in each state. The House rules mandate that the number of representatives in a state is proportional to the population of the state. This means states that saw a population drop may lose a representative while states that had an increase in population may have gained a representative. The total number of representatives must be 435 and there 2 senators per state totaling 100 senators.

Bills that weren't passed in the previous Congress must be reintroduced. What does this mean for APTA advocates? This means APTA-supported legislation that did not pass in the last Congress must be introduced again.

A complication to bill reintroduction is if a member of Congress who previously introduced a bill in the last Congress is no longer in office. We may need to find new legislators who are willing to reintroduce a bill. Bills may be tweaked or combined from a previous Congress as part of a legislative strategy. As advocates, we must educate all members of Congress about physical therapy and establish and maintain relationships with them.

Any legislator can introduce a bill, though typically members of Congress in leadership positions do not. It may take multiple Congresses for legislation to pass. This is normal! Your continued support of APTA advocacy by using your constituent voice is essential in moving legislation.

April Is National Advocacy Dinner Month

PT and PTA students across the country are gathering to learn more about advocacy and how they can be involved throughout their careers. [National Advocacy Dinners](#), hosted by programs and students, typically include a short presentation about APTA advocacy, speakers, and a meal. If you or a program near you are interested in hosting a dinner of your own, [check out the resources available](#), including a [guide](#), promotional flyer and graphics, and a [slide deck with script](#).

PTPAC Update

2024 House Overview: Republicans Try to Hold the Line

Inside Elections, from Nathan Gonzales, is an exclusive look at the elections and where they stand at this point. APTA Advocacy Network members [can view this exclusive digest](#) that includes a state-by-state overview of the 2024 elections.

PTPAC: Celebrating 50 Years of Advocacy for the Physical Therapy Profession

In 1973, the American Physical Therapy Association created the association's first political action committee, APT-CAC (American Physical Therapy Congressional Action Committee). The purpose was to support congressional champions for physical therapy issues and build new ones who would make a difference for our patients and our profession.

In 1995, the official name of the APTA's PAC changed to the Physical Therapy Political Action Committee (PTPAC). Powered by individual contributions, PTPAC builds connections that make an impact. Our work has earned PTPAC recognition as one of the top 10 health professional association PACs.

This is a crucial year on Capitol Hill because Medicare payment reform legislation will be developed. Your support for PTPAC is needed more than ever to help us be at the table instead of on the menu. Contribute to PTPAC today by [personal contribution](#) or by [corporate contribution](#) to help our efforts and celebrate our 50 years of advocacy for the profession.

At APTA CSM in San Diego, PTPAC held its 50th anniversary celebration. Check out some pictures from the event.

Contributions to PTPAC are not tax deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal office who support physical therapy issues. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited. The suggested amount is only a suggestion. More or less than the suggested amount may be given.



Please note: the pictures are best viewed in a web browser or on your mobile device and may not appear on a desktop email application (ie, Outlook on your computer). Thank you!