The American Physical Therapy Association strongly supports the Medicare Patient Empowerment Act (S. 2812), legislation that would provide physical therapists with the ability to privately contract with Medicare beneficiaries. S. 2812 was introduced by Sens. Rand Paul (R-KY) and Lisa Murkowski (R-AK) on November 7, 2019.

BACKGROUND
Improving patient access to essential health services, including physical therapy, is a core priority of APTA. Too often, public and private insurance programs include barriers to care that result from unnecessary regulatory, legal, and payment policies. Medicare beneficiaries should be empowered to select the health care professional of their choice, and the association supports a legislative change to allow for physical therapists and other health care professionals to privately contract with beneficiaries. This action requires providers, including physical therapists, to opt out of the established rules set by the Medicare program.

Currently, physicians have the authority to opt out of the Medicare program and privately contract with Medicare beneficiaries. Medicare allows other practitioners, such as physician assistants, dentists, podiatrists, optometrists, social workers, psychologists, nurse midwives, dieticians, and other eligible providers, to do so as well. However, these providers are barred from providing any Medicare services to any Medicare beneficiary for a two-year period.

The Medicare Patient Empowerment Act would modernize the Medicare statute by allowing a Medicare beneficiary to enter into a direct contract with an eligible provider, including physical therapists, for any item or service covered by Medicare. This legislation would guarantee flexibility to the provider and patient on delivery of services. Unlike the current policy, S. 2812 would not require a two-year commitment to opt out. The bill also would allow Medicare beneficiaries to submit a claim to the Centers for Medicare and Medicaid Services for potential reimbursement, similar to private insurance.

The ability of beneficiaries to submit claims is a positive provision to safeguard patients from having to pay out of pocket for their choice of health care provider. In addition, the legislation would prohibit a beneficiary from entering into a contract when he or she is facing an emergency medical condition or urgent health care situation.

EXPEDITE ACCESS TO CARE AND PROVIDE FLEXIBILITY
As Medicare administrative burden and reimbursement continue to challenge those serving in health care, APTA members report that medically necessary physical therapist services are delayed—ultimately impacting patients’ clinical outcomes—because of the amount of time and resources they must spend on administrative tasks, instead of patient care. It is imperative for providers to have the flexibility to choose what is most appropriate for their practices and patients. APTA believes Medicare beneficiaries should not be limited in their choice of high-quality health care providers.

For more information on APTA priorities, visit APTA’s policy center at http://policy.apta.org.
WHO WE ARE

Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very old, who have medical problems or other health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs also work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapist assistants (PTAs) provide selective physical therapist interventions under the direction and supervision of physical therapists.

WHAT WE DO

PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Under the direction and supervision of the PT, PTAs provide selective physical therapist interventions based on the developed plan of care.

WHERE WE PRACTICE

PTs and PTAs provide care for people in a variety of settings, including outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

EDUCATION AND LICENSURE

All PTs must receive a degree from an accredited physical therapist program before taking and passing a national licensure exam that permits them to practice. Since 2015, all accredited programs award the doctor of physical therapy degree. State licensure is required in each state in which a PT practices. PTAs must complete a two-year associate’s degree and are licensed, certified, or registered in most states.

AMERICAN PHYSICAL THERAPY ASSOCIATION

The American Physical Therapy Association is a national organization representing more than 100,000 physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research.

CONTACT INFORMATION AND RESOURCES

Justin Elliott
Government Affairs
justinelliott@apta.org
703/706-3161

Baruch Humble
Congressional Affairs
baruchhumble@apta.org
703/706-8509

Michael Matlack
Congressional Affairs
michaelmatlack@apta.org
703/706-3163

Laura Keivel
Grassroots & Political Affairs
laurakeivel@apta.org
703/706-3194

Katy Neas
Public Affairs
katyneas@apta.org
703/706-3324

David Scala
Congressional Affairs
davidscale@apta.org
703/706-3189

Cosponsor S. 2812 Today!

For additional information, contact the American Physical Therapy Association’s Government Affairs Department at 703/706-8533 or advocacy@apta.org.