POSITION

The American Physical Therapy Association (APTA) strongly urges Congress to pass the Primary Health Services Enhancement Act (H.R. 5693). This bipartisan legislation would expand patient access to essential physical therapy services to children and adults who receive care at rural health clinics and federally qualified health centers, also known as community health centers (CHCs). H.R. 5693 was introduced by Reps. Ron Kind (D-WI) and Jackie Walorski (R-IN) on January 28, 2020.

BACKGROUND

CHCs provide primary health services to more than 29 million people in over 12,000 rural and urban communities across America, including nearly 3 million Medicare beneficiaries and 1 in 5 Medicaid beneficiaries. These facilities provide a lifeline to communities in need of essential health services whose barriers to healthcare include, cost, lack of insurance, distance, and language. Presently, CHCs offer a range of health services, including access to physicians, advanced practice nurses, dentists, clinical laboratory, emergency medical, behavioral health, and other services. However, community health centers are restricted in how physical therapy services are provided and reimbursed. H.R. 5693 would address this problem by allowing physical therapists to provide care to patients in CHCs and bill Medicare and Medicaid for the benefits covered by their plans.

PAIN MANAGEMENT

Between 2015 and 2018, 73% of community health centers reported an increase in opioid use disorder, and 69% reported an increased number of patients addicted to prescription opioids. This abuse is widespread in rural and medically underserved areas where community health centers are often the only option for medical care. The ongoing opioid crisis in the United States reflects the unintended consequences of a nationwide effort to help individuals control their pain. Since the mid-1990s, the health care system has employed an approach to pain management that focuses on the pharmacological masking of pain, rather than treating the actual cause(s) of the pain when its source can be identified. This strategy has resulted in a dramatic increase in opioid prescribing, causing widespread opioid misuse and addiction. It also has led, in the last few years, to a growing realization that current strategies for managing pain have to change—that opioid-centric solutions for dealing with pain, at best, mask patients’ physical problems and delay or impede recovery and, at worst, may prove to be dangerous or even fatal.

THE ROLE OF PHYSICAL THERAPY

Recommendations by the U.S. Centers for Disease Control and Prevention, in its Guideline for Prescribing Opioids for Chronic Pain, states that “Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.” The report goes on to explain that “many nonpharmacologic therapies, including physical therapy... can ameliorate chronic pain.”

As well as the concern for opioids, PTs in medically underserved areas create better access to nonpharmacologic treatment of chronic pain conditions like back pain and neck pain; nearly 5 million working-age adults are unable to work or are limited in their ability to work due to chronic back or neck pain.

When physical therapists work with patients in pain, they use tests and measures to determine the causes of that pain and to assess its intensity, quality, and temporal and physical characteristics. PTs also evaluate individuals for risk factors for pain to help prevent future pain issues. These services often can reduce, if not eliminate, a patient’s pain, and help a patient avoid surgery, hospitalizations, and opioid use.

PROVIDING FLEXIBILITY AND INCREASING ACCESS

Physical therapists work both independently and as members of multidisciplinary health care teams to enhance the health, well-being, and quality of life of their patients, who present with a wide range of conditions, including those that commonly cause pain. This legislation would afford Medicare and Medicaid beneficiaries greater access to their physical therapy benefit. H.R. 5693 does not mandate that CHCs furnish physical therapy, but rather presents CHCs with the necessary flexibility to offer physical therapy services to children and adults who may require such services.

This legislation is supported by the American Physical Therapy Association and the National Association of Community Health Centers.

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

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

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

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

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

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

Cosponsor H.R. 5693 Today!
For additional information, contact the American Physical Therapy Association’s Government Affairs Department at 703/706-8533 or advocacy@apta.org.