

Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018)



Position

The American Physical Therapy Association strongly urges Congress to pass the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018). This legislation would reduce health care providers' administrative burden by addressing unnecessary preauthorization requirements, ultimately increasing efficiencies in patient care and improving clinical outcomes. H.R. 3173 was introduced by Reps. Suzan DelBene, D-Wash., Mike Kelly, R-Pa., Ami Bera, D-Calif., and Larry Bucshon, R-Ind. S. 3018 was introduced by Sens. Roger Marshall, R-Kans, Sherrod Brown, D-Ohio, John Thune, R-S.Dak, and Krysten Sinema, D-Ariz.

Private insurers, including those that offer Medicare Advantage products, require health care providers, including physical therapists, to submit an authorization request and receive approval prior to delivering care to their patients. These "prior authorization" requirements increasingly are creating barriers to accessing needed care for patients nationwide. While they may be appropriate in limited circumstances to ensure that patients are receiving appropriate, medically necessary care, the use of such requirements has become increasingly routine, particularly in the Medicare Advantage program. Since plans often routinely approve certain services for which they require prior authorization, the purpose of such utilization control is questionable. APTA believes that when prior authorization is universally imposed on a given service, it merely acts as a barrier to care and adds no value to the health care system.

Background

One third of Medicare patients are enrolled in a Medicare Advantage plan, and the Congressional Budget Office projects that approximately 41% of Medicare beneficiaries will be enrolled in Medicare Advantage in 2028. These plans employ prior authorization as a cost-control mechanism, resulting in delays to medically necessary care. Medicare Advantage plans can require enrollees to receive prior authorization before a service will be covered, and nearly four out of five Medicare Advantage enrollees (79%) are in plans that require prior authorization for some services in 2019, according to a 2019 Medicare issue brief from the Kaiser Family Foundation. Currently, Medicare Advantage enrollees must undergo a prolonged, burdensome process to obtain treatment authorizations. A delay in authorization may severely hinder a patient's recovery, requiring physical therapists and other providers to decide between furnishing a noncovered service at their own expense, abiding by their ethical obligations, or risking the patient's health and well-being by waiting for a plan to authorize medically necessary care.

In a 2019 APTA nationwide survey, physical therapists reported many Medicare Advantage health plans' use of prior authorization is excessive, creating needless treatment delays and denials which, in turn, are likely to have a negative impact on patients' health.

APTA believes that the Improving Seniors' Access to Care Act (H.R. 3173/S. 3018) would take important steps to address the concerns and challenges reported by survey respondents by improving outcomes, improving the current prior authorization process, and increasing transparency.

Improve Patient Outcomes

The Improving Seniors' Timely Access to Care Act would reduce unnecessary burden and increase efficiencies, allowing health care providers to spend more time focusing on their patients instead of time-consuming administrative tasks that do nothing to further the delivery of care.

Expedite Access To Care

H.R. 3173/S. 3018 would advance and streamline the current system by establishing an electronic prior authorization process that will help ensure timely processing for items and services that need to be approved. Additionally, this bill would require the Secretary of the US Department of Health and Human Services to establish a process for "real-time decisions" for items and services that are routinely approved. With these changes, health care providers will have more time to do what they were trained to do – attend to their patients and provide them with the care that they deserve.

The Improving Seniors' Timely Access to Care Act also would prevent plans from requiring prior authorization on any additional surgical or other invasive procedure if this procedure is furnished during the perioperative period of an already-approved procedure.

Ensure Accountability & Transparency

Congress must act to remove the unnecessary burdens that have been impacting patients and providers alike. H.R. 3173/S. 3018 would require Medicare Advantage plans to report to the Centers for Medicare & Medicaid Services on the extent of their use of prior authorization and the rate of approvals or denials. Increasing the transparency associated with delays in accessing care caused by prior authorization would ensure accountability and help to inform potential next steps to improving patient access.

As Medicare Advantage continues to grow, careful oversight by policymakers is needed to ensure patient access for the 59 million Medicare beneficiaries.

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

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

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

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. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



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