

Physical Therapist Workforce and Patient Access Act (H.R. 3759/S. 2676)



Position

The American Physical Therapy Association strongly urges Congress to pass the Physical Therapist Workforce and Patient Access Act (H.R. 3759/S. 2676). This legislation would allow physical therapists to participate in the National Health Service Corps Loan Repayment Program. The addition of physical therapists to the NHSC Loan Repayment Program will ensure that individuals in rural and underserved areas have access to nonpharmacological options for the prevention, treatment, and management of pain, and access to physical therapy for rehabilitation from postacute sequelae of COVID-19, often called long COVID. H.R. 3759 was introduced by Reps. Diana DeGette, D-Colo., and Kelly Armstrong, R-N.D. S. 2676 was introduced by Sens. Jon Tester, D-Mont, and Roger Wicker, R-Miss.

Access in Rural and Underserved Areas

The NHSC addresses the health needs of more than 17 million underserved individuals across the nation (HRSA, 2020). Adding physical therapists to the NHSC would ensure that patients in rural and underserved areas have access to the physical therapist services they need. As essential members of the health care team, physical therapists play an important role in the prevention and management of pain; chronic diseases and conditions such as diabetes, stroke, long COVID, and obesity; and their impact on an individual's quality of life and ability to work in his or her community.

The NHSC has not only served as a pipeline for providers in underserved areas, but has successfully retained many of its providers to continue to serve in the areas of the country that need it most. In its 2019 Report to Congress, HRSA reported an 85% retention rate for providers within the program to continue to provide greater patient access to care. Currently there is no rehabilitative care component within the NHSC, a piece that could greatly complement the current program to promote health across the continuum of care. In addition to the care they provide, physical therapists also can alleviate the demands on other primary care providers by serving as an entry point to the health care system for many individuals with pain, chronic diseases, and conditions, maximizing care to the entire population in NHSC communities.

Addressing the Opioid Crisis and Long COVID

Addressing the Opioid Crisis and Long COVID by including physical therapists in the NHSC will ensure that individuals in rural and underserved areas have access to nonpharmacological options for the prevention, treatment, and management of pain. The CDC states in its 2016 "Guideline for Prescribing Opioids for Chronic Pain" that "Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain." The report further suggests that "many nonpharmacologic therapies, including physical therapy ... can ameliorate chronic pain." Preliminary studies indicate that COVID-19 has caused health, social, and economic stress resulting in increased opioid overdoses during the pandemic (Haley, 2020). Data collected by the Overdose Detection Mapping Application Program demonstrated that drug overdoses generally were 18% higher in March, 29% higher in April, and 42% higher in May 2020 than in their respective months in 2019 (Shaw, 2020). Physical therapists also treat patients with long COVID for musculoskeletal conditions such as fatigue, weakness, and muscle or joint pain. Prescribed movement is essential to long COVID recovery, and physical therapy can improve strength, stamina, and quality of life for patients with long COVID symptoms. Physical therapist services are an essential part of the multidisciplinary undertaking that will be required to improve the health of patients experiencing long COVID and alter the trajectory of the current opioid crisis.

17 million: The number of Americans served by the National Health Service Corps

Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Morbidity and Mortality Weekly Report, March 18, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>.

Haley, Danielle; Saitz, Richard. "The Opioid Epidemic During the COVID-19 Pandemic." JAMA, September 2020. <https://jamanetwork.com/journals/jama/fullarticle/2770985>.

NHSC Builds Healthy Communities. HRSA, 2020. <https://nhsc.hrsa.gov/sites/default/files/NHSC/about-us/nhsc-builds-healthy-communities.pdf>.

HRSA Report to Congress, 2019. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/about-us/reports-to-congress/nhsc-report-congress-2019.pdf>.

Shaw, Gina. "Special Report: COVID-19 Reignites Substance Use Epidemic." Emergency Medicine News, September 2020. https://journals.lww.com/em-news/fulltext/2020/09000/special_report_covid_19_reignites_substance_use.4.aspx.

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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