

Physical Therapist Assistant Supervision under Medicare Part B



Position

The American Physical Therapy Association supports legislation that would assist the therapy workforce by permitting general supervision of physical therapist assistants under Medicare Part B outpatient practices.

Background

Medicare permits general supervision of physical therapist assistants by physical therapists in all settings – except for outpatient private practice under Part B, which requires direct supervision. Physical therapists and physical therapist assistants are governed by their state’s practice act and must follow their state licensure requirements if they are more stringent than Medicare’s. However, 49 states permit “general supervision” of physical therapist assistants in outpatient practices, making Medicare’s direct supervision requirement in that setting more burdensome than most state licensure requirements.

The requirement of direct supervision – meaning the physical therapist must physically be onsite with the assistant at all times when care is being delivered— is outdated and does not reflect current practice requirements or workforce demands. General supervision – meaning the physical therapist can be offsite provided they are immediately available via telecommunication— has been deemed safe and efficient by nearly all U.S. states and by Medicare for all settings but Part B private practice. The inconsistency of supervision policies between settings jeopardizes employment opportunities for PTAs as well as the needs of Medicare beneficiaries in medically underserved and rural communities that rely so heavily on their services.

Solution

Enact legislation to change the Medicare Part B supervision requirement for PTAs in private practice from direct to general supervision in states with licensure laws that allow for general supervision. Standardizing the supervision requirement from direct to general for private practices will help ensure continued patient access to needed therapy services and give private practices more flexibility in meeting the needs of beneficiaries. This small modification would better promote timely access to therapy services for millions of Americans experiencing challenges accessing these services in rural or underserved areas, where beneficiaries are 50% more likely to receive therapy from a PTA.

According to an independent report published by Dobson & Davanzo in September 2022, this change in supervision would save up to an estimated \$271 million over 10 years.

Congress also should direct the U.S. Government Accountability Office to conduct an analysis of how the Medicare Part B 15% payment differential for services provided by PTAs has impacted access to therapy services in rural and medically underserved areas since its implementation in 2022. Beneficiaries in those areas are twice as likely to receive physical therapy services from a PTA. Therapy providers report that rural areas suffer significantly from the ongoing workforce shortage. A GAO report would provide greatly needed information and data regarding the impact of this payment differential on the therapy workforce and on access to care.

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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 of physical therapy 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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