The American Physical Therapy Association (APTA) supports a health care system that provides all individuals within the United States with access to quality health care.

This system should provide comprehensive, cost-effective, and appropriate physical therapy services provided by a licensed physical therapist or by a qualified physical therapist assistant under the direction and supervision of a physical therapist. In primary care, physical therapists should be recognized as health care professionals who can and should play a major role in achieving clinically effective outcomes and cost efficiencies that are essential to comprehensive health care.

APTA endorses the following principles and objectives for a health care system in which physical therapy is acknowledged as an essential component of health care:

**PRINCIPLE I: ACCESS TO CARE**

The health care system should provide access for all individuals, and should:

- Enable patients/clients to select among providers, including physical therapists, who are qualified and authorized by state and other jurisdiction law to provide professional health care services.
- Permit patient/client direct access to physical therapists with no requirement of a referral from any other practitioner.
- Encourage employers to offer a choice of quality, affordable health care coverage to employees and their dependents.
- Enable patients/clients to select and participate in plans that allow the development of financial reserves to cover individual health care expenses, including those incurred for physical therapy and any catastrophic coverage.
- Include mechanisms to allow patients/clients to pay their provider of choice directly for health care services.
- Prohibit denials of coverage due to preexisting and/or congenital health conditions.
- Provide affordable fee-for-service options and other mechanisms to assure that patients/clients are able to choose their health care providers.
- Provide financial support for the education and training of sufficient numbers and types of health care professionals to assure appropriate access to care for all individuals.
- Include a requirement that all public and private health plans provide examination, evaluation, diagnostic, prognostic services provided by a physical therapist, and intervention services provided by a physical therapist or physical therapist assistant under the direction and supervision of a physical therapist in any setting.
- Provide coverage for programs and incentives that prevent injury, impairment, and illness, promote wellness and aid in maintenance of functional independence, and provide coverage for preventive and restorative care programs to reduce the incidence and long-term impact of disease, disability, and injury.
- Include a requirement that all public and private health plans provide adequate assistive technology, including but not limited to durable medical equipment.
PRINCIPLE II: QUALITY OF CARE

The plan of care for a patient/client should ensure that intervention is based on achieving appropriate outcomes specific to the patient's/client's needs. Although APTA endorses adherence to standards of practice and efficiency of care, the Association opposes any policy that places arbitrary limits on physical therapy services. To ensure quality of care and protection of the public's best interests:

- Professional practitioners should be involved in the development of practice parameters and guidelines specific to their scope of practice.
- Physical therapists should use clinical experience, literature-based evidence, and patient/client preferences and apply APTA's Guide to Physical Therapist Practice as the foundation of such parameters and guidelines.
- Decisions regarding the initiation, continuation, or discharge of a patient's/client's physical therapy should be determined by the physical therapist responsible for that patient's/client's management.
- Physical therapists should hold themselves accountable to the public and to third party payers through peer review, and should be recognized as the appropriate professionals to review the delivery and utilization of physical therapy services.

PRINCIPLE III: COST CONTAINMENT AND PAYMENT

Payment rates for health care services should be reasonable and equitable, and mechanisms to control costs in the health care system should not encourage providers to withhold, restrict, or deny essential patient/client services. Insurers should be required by law to disclose to patients/clients the services and types of care covered, including the extent of coverage of physical therapy services. To ensure appropriate payment and cost containment:

- Health care professionals should be involved in the development of standards, establishment of payment rates, and review of claims and utilization for their specific discipline.
- A referral from a physician or any other practitioner should not be required for payment for physical therapy services.
- No arbitrary criteria should be utilized to determine payment for physical therapy services.
- Practitioner self-referral arrangements, including physician ownership of physical therapy services, should be prohibited by law.
- The use of billing codes should be restricted to those professionals who are licensed to perform those services and payment for physical therapy services should be made only when the services have been provided by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist.
- Administration of health care benefits, coverage, and payment should be simplified, and patients/clients and providers should have access to a fair and expedited appeals process for denied claims.
- Payment for physical therapy services should occur only when adequate documentation exists, consistent with APTA guidelines, to support the need for physical therapy services.
- Payment for physical therapy services should be determined fairly in all settings, and guidelines should be consistent regardless of the setting in which the services are provided.
- Payment should cover all elements of the patient/client management model, including the education of the patient/client, family, and caregiver as a component of the physical therapist's plan of care.
- Health care professionals should seek optimal treatment effectiveness in consideration of cost efficiencies.

PRINCIPLE IV: STATE LICENSURE
The responsibility for licensure and regulation should remain exclusively within the purview of the state or other jurisdiction and should not be preempted by any federal or regional agency or process. There should be no credentialing of institutions that would override or eliminate the requirements of individual practitioner license laws.

Relationship to Vision 2020: Autonomous Practice, Direct Access; (Payment Policy & Advocacy Department, ext 8533)

**PROLIFERATION OF HEALTH OCCUPATIONS** HOD P06-83-09-30 [Position]

Whereas, The American Physical Therapy Association (APTA) recognizes its responsibility as a guardian of the public trust and well being to recognize new health care and health-related occupations and to facilitate their development if they can demonstrate true public benefit;

Whereas, New health care and health-related occupations are developing in apparent response to changes in technology and health style, as well as in response to the shift from an industrial economy to a service economy;

Whereas, The development of new health care and health-related occupations may represent proliferation of health occupations when it is duplicative, unjustified, and unnecessary;

Whereas, The proliferation of health occupations may have potential for confusing and misleading the health care consumer;

Whereas, The proliferation of health occupations may contribute to the fragmentation of health care services and may impede the humanistic approach of caring for the total individual;

Whereas, The proliferation of health occupations may contribute little or nothing to the health of the public or, worse yet, may in some instances jeopardize the health and well being of the public; and

Whereas, The proliferation of health occupations may escalate the cost of health care through the marketing of unnecessary or ineffective services, and may at the same time divert public expenditures away from necessary and effective health services;

Resolved, That APTA support the development of a new health occupation only when:

1. The role for that health occupation in relation to other existing health occupations is demonstrated to be unique and justified,
2. The services to be performed by that health occupation are demonstrated to be both necessary and effective,
3. The educational preparation for that health occupation is adequate to assure the safe, effective, and ethical delivery of services unique to that occupation, and
4. The plan for development of the health occupation includes an effective system for quality assurance in the delivery of services.

Relationship to Vision 2020: Practitioner of Choice; (Practice Department, ext 3176)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.