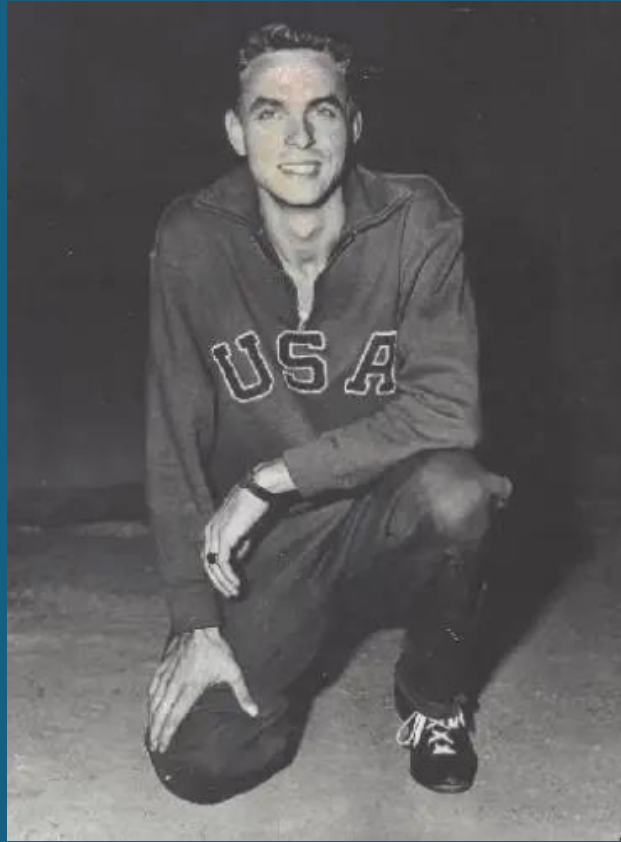
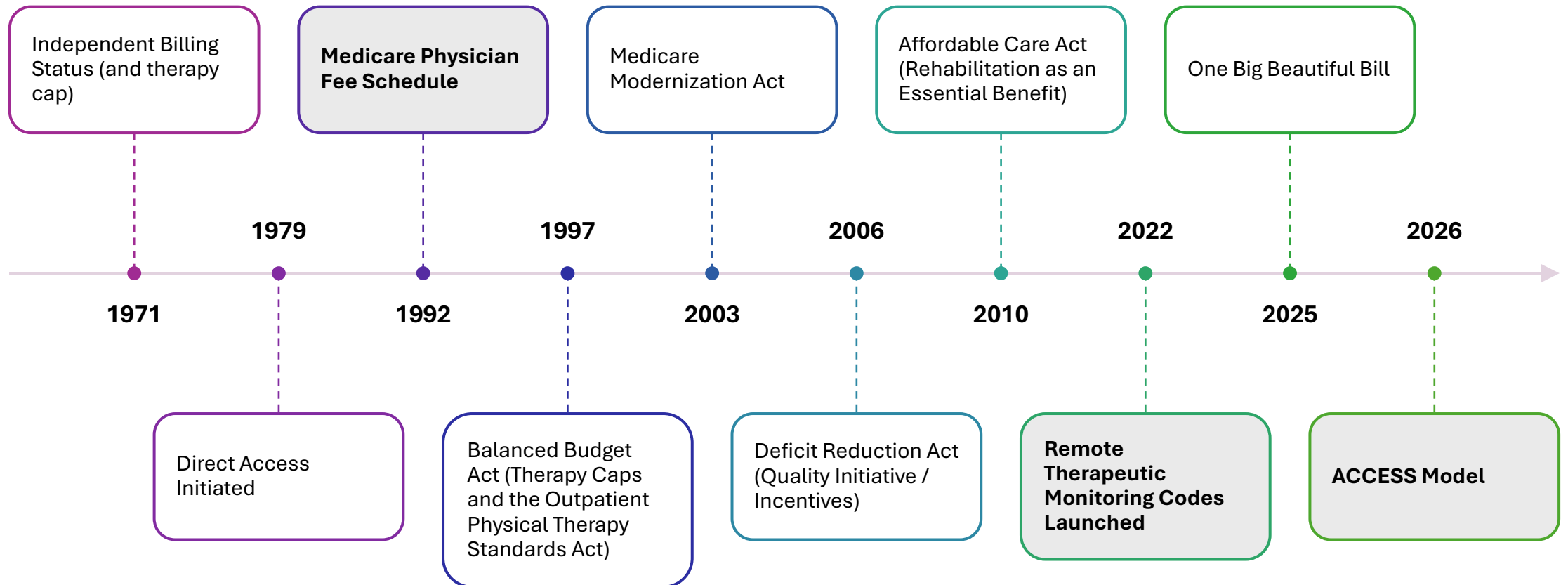




# **Shifts Happen – Embracing the Moment for Physical Therapy Private Practice**

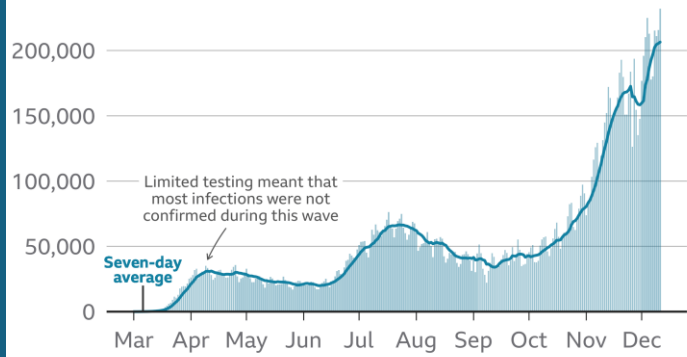


# Reverberations of Past, Shaping Today



## Cases have risen to record levels

Number of daily confirmed coronavirus cases in the US



Source: COVID Tracking Project

BBC



# Conditions Post Pandemic



An unprecedented wave of innovation and technology



Payment models (fee schedule / quality programs) collapsing under their own weight



Demand for physical therapy services currently unmet



A workforce, both growing and inadequate; workplaces challenged and forced to innovate



Changing consumer expectations in healthcare we are just beginning to understand

# Recent Health Care Legislation and Impact



Medicare Changes – Positive 2.5% update on the Medicare Physician Fee Schedule

Net Impact on PT = +1.75%



Medicaid Changes – Decreased funding to state, state plan and policy. Changes. Work Requirement Changes (Eligibility)

Negates Recent State Victories



Student Loans – Caps based on Destination (Graduate or Professional) Top Issue for PT

Defined as Graduate over Professional



Appropriations Extensions

Telehealth through 2027, GPCI floor 1.0 through 2026

- One Big Beautiful Bill Act (OBBBA) – Signed July 4, 2025
- Appropriations – Passed on Feb 3, 2026
- 14.2 M Americans Change in Coverage
- \$910 B reduced expenditures /spending
- Reference: <https://www.advisory.com/topics/strategic-and-business-planning/obbba-healthcare-impacts>

# Professional Designation Issue

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## Professional Degree (50,000 / 200,000)

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Pharmacy (Pharm.D.)

---

Dentistry (D.D.S. or D.M.D.)

---

Veterinary Medicine (D.V.M.)

---

Chiropractic (D.C. or D.C.M.)

---

Law (L.L.B. or J.D.)

---

Medicine (M.D.)

---

Optometry (O.D.)

---

Osteopathic Medicine (D.O.)

---

Podiatry (D.P.M., D.P., or Pod.D.)

---

Theology (M.Div., or M.H.L.)

---

Clinical Psychology (Psy.D. or Ph.D.)

---

## Excluded / Graduate Degree (20,500 / 100,000)

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Nursing: M.S.N., D.N.P., Ph.D.

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**Therapy: Physical Therapy (D.P.T.), Occupational Therapy (M.O.T., O.T.D.), Audiology (Au.D.)**

---

Healthcare Support: Physician Assistant (M.P.A.S.), Public Health (M.P.H.)

---

Others: Social Work (M.S.W., D.S.W.), Accounting (M.Acc., M.S.A.), Architecture (M.Arch.), Education (M.Ed., M.S.Ed.), Engineering.



# Shifts Happen



Fighting For Direct Access



**Creating Capacity to Meet Demand**



Giving Employees a Career Ladder



**Providing Career Jungle Gyms**



Provider Directed Care



**Patient Centered Partnerships**



Care initiated on Injury (Sick Care)



**Care To Improve and Maintain Health**



Intervention Based Pay (Volume)



**Care to Manage Lifespan, Achieve Outcome**



Technology as an Administrative Tool



**Technology as Part of the Care Continuum**

### Top Issue Concerns of U.S. Party Groups

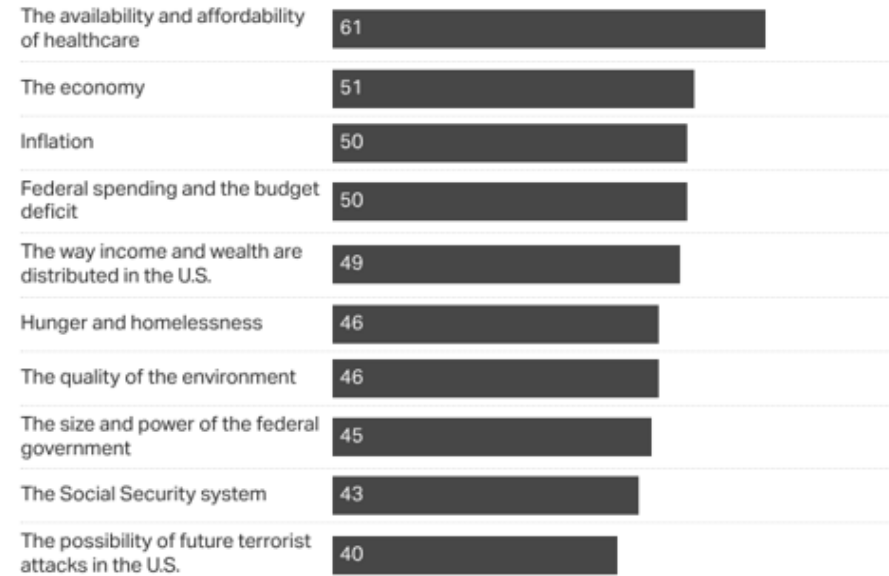
Leading issues each group worries about "a great deal" of 16 domestic concerns

	Republicans	Independents	Democrats
1.	Illegal immigration (55%)	Healthcare (66%)	Healthcare (80%)
2.	Federal spending/ Budget deficit (47%)	Inflation (56%)	Income/Wealth distribution (77%)
3.	Drug use (42%); Crime and violence (41%)	Federal spending/Budget deficit (54%); The economy (53%)	The economy (69%)

March 2-18, 2026

GALLUP

### % Great deal



March 2-18, 2026

GALLUP

# Meeting the Moment – Making the Shift

1

Drive Costs of Care in  
Physical Therapy Down

(Administrative Burdens)

2

Increase and Diversify  
Revenue Sources and  
Potential

(Higher Rates)

3

Invest in People, Create  
Opportunity

(Careers over Jobs)



## Advancing Our Payment

Increase economic opportunities for PTs and PTAs to advance the profession as an integral outcomes-driven component of the U.S. health system.

### Outcome

PTs and PTAs receive increased payment for physical therapist services.

### Objectives

- Advocate for increased payment and decreased administrative burden for physical therapist services.
- Elevate PTs and PTAs as essential across care models.

# Advocating for our Future



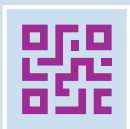
Increasing our Roles, Scope of Practice (State)



Addressing Payment Challenges (Medicare / Federal)




Protecting our Profession – Term and Title Protection



Embracing New Practice Models (Digital)

# Legislative Issues in Congress





Just Introduced

## The Physical Therapist Workforce and Patient Access Act

APTA-championed bipartisan legislation would include physical therapists to the National Health Service Corps and expand the role of PTs in Community Health Centers.

H.R. 5621




Just Introduced

## The Prevent Interruptions in Physical Therapy Act (H.R. 1517)

APTA-supported bipartisan legislation that would allow physical therapists in all geographic regions of the U.S. to enter into locum tenens arrangements under Medicare.

[See more...](#)



Just Introduced

## The SAFE Act

is bipartisan legislation that would allow physical therapists to complete falls risks assessments for seniors as part of their Medicare Annual Wellness benefit.




Just Introduced

## The Optimizing Postpartum Outcomes Act

APTA-championed bipartisan legislation aims to enhance education on pelvic health and improve postpartum care through physical therapy for Medicaid beneficiaries.

H.R. 4074




Just Introduced

## The Medicare Patient Choice Act

APTA-championed bipartisan legislation that would add physical therapists to the list of providers who are eligible to opt out under Medicare.

H.R. 4204



Just Introduced

## Improving Seniors' Timely Access to Care Act

Bipartisan, bicameral legislation would streamline prior authorization under Medicare Advantage, allowing seniors to get the care they need and easing administrative burdens for health care providers.



# APTA Position Paper: Medicare Payment Reform Principles

- Annual inflationary update
- Increase budget neutrality trigger
- Regular practice expense update
- Repeal MPPR
- Reform the QPP



Scan to Access

## Medicare Payment Reform



### Payment Reforms to the Medicare Fee Schedule

The American Physical Therapy Association urges Congress to enact meaningful reforms to the Medicare Physician Fee Schedule, or MPFS, to improve payment and provide stability for practices. Congress must take action to reform this unsustainable system to ensure that Medicare payments to providers accurately reflect the cost of practice and ensure timely access to care for Medicare beneficiaries.

**The following are five policy solutions that will reform the fee schedule to help provide stability to therapy providers and the patients they serve.**

### Provide an Annual Payment Update Based on Inflation

Step one is for Congress to ensure that Medicare payments to providers in 2025 and beyond are adjusted annually with an inflationary update. The MPFS is the only Medicare payment system lacking an annual inflationary update. Physical therapy practices, many of which are small businesses, face rising costs for office rent, clinical and administrative staff wages, and administrative burden. APTA strongly supports the

### Increase the Budget Neutrality Trigger

Cuts to the MPFS are triggered by a policy known as budget neutrality, which mandates that any estimated increases of \$20 million or more to the Medicare fee schedule –resulting from upward payment adjustments or the addition of new procedures or services – must be automatically offset by cuts elsewhere. This rigid \$20 million threshold has not been updated since 1992, despite a growing beneficiary population and the increasing number of medical procedures formerly performed in the inpatient setting that are now performed in the outpatient setting and billed to the fee schedule. Increasing the threshold would reduce the triggering of automatic, across-the-board fee schedule cuts, permitting needed spending flexibility to address beneficiary needs without imposing cuts on all providers.

### Require Regular Updating of Practice Expenses

Congress should direct the Centers for Medicare & Medicaid Services, or CMS, to update the direct inputs for practice expense relative value units at least every five years. Direct inputs include clinical wages, costs of supplies, and prices of equipment

**51**

### **Direct Access**

All 50 states and the District of Columbia have direct access (Alabama and Mississippi moved from limited to provisional status in 2024)

**14**

### **Imaging Authority**

States that now allow physical therapists to ordering limited imaging services

**39**

### **Compact Authorization**

States that have passed legislation to authorization participation in the PT interstate licensure compact

**16**

### **Disability Determinations**

States that allow physical therapists to determine disability for driving placards or other authorities

# APTA Chapters Secure Wins

**APTA STATE WIN** 

**APTA Montana Advocacy Win:  
Workers' Compensation**

Have questions or want to learn more?  
Contact us at [advocacy@apta.org](mailto:advocacy@apta.org)



**APTA STATE WIN** 

**APTA Colorado Advocacy Win:  
Medicaid Reform**



**APTA STATE WIN** 

**APTA Utah Advocacy Win:  
PTs as Primary Care Providers**

Have questions or want to learn more?  
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**APTA STATE WIN** 

**Indiana Advocacy Win:  
Provider Payment Protections**

Have questions or want to learn more?  
Contact us at [advocacy@apta.org](mailto:advocacy@apta.org)



**APTA STATE WIN** 

**Utah Advocacy Win:  
Physical Therapy Scope Enhancements**

Have questions or want to learn more?  
Contact us at [advocacy@apta.org](mailto:advocacy@apta.org)



**APTA STATE WIN** 

**Utah Advocacy Win:  
Fair Copays**

Have questions or want to learn more?  
Contact us at [advocacy@apta.org](mailto:advocacy@apta.org)



# State Payer Advocacy Resource Consortium (SPARC)

A joint initiative brought to you by:



## Resources



The Economic Value of Physical  
Therapy in the United States



State Medicaid Payment Guide



Administrative Burden



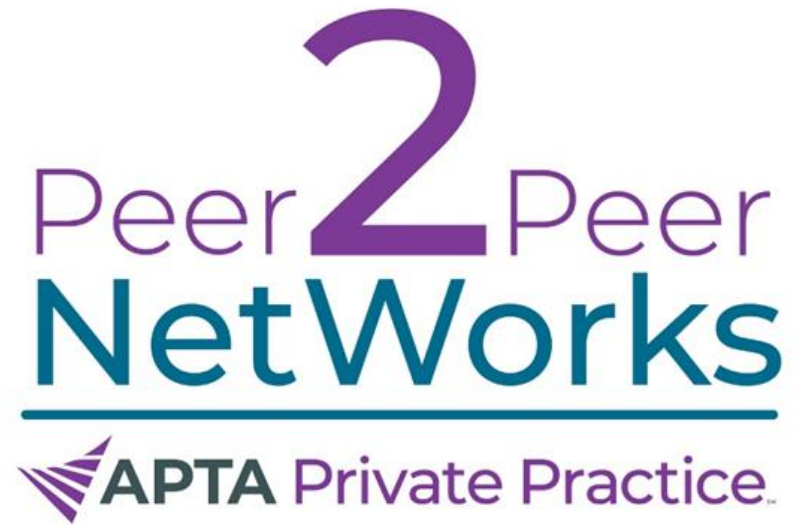
Contracting Education and  
Resources



Denials and Appeals



MPPR



**Shifts Happen – Embracing the  
Moment for Physical Therapy  
Private Practice**