



May 27, 2025

Anticompetitive Regulations Task Force  
Antitrust Division  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

*Submitted electronically*

**Re: Docket Number ATR-2025-0001 (Department of Justice Anticompetitive Regulations Task Force Initiative)**

Dear Department of Justice Anticompetitive Regulations Task Force:

On behalf of the Private Practice Section (PPS) of the American Physical Therapy Association (APTA), which represents around 4,000 physical therapists who own, operate, or work in independent practices across the United States, we respectfully submit the following comments in response to the U.S. Department of Justice's formation of the Anticompetitive Regulations Task Force (ARTF), as announced on May 9, 2024.

For an economic analysis of the impact of the conservative care provided by physical therapists, please see [ValueofPT.com](https://www.valueofpt.com). The report available at this url outlines the cost-effectiveness and economic value of physical therapist services (PT) for a broad range of common conditions. The report uses an all-factors economic model to calculate the net benefits to patients and the health care system of choosing physical therapy over alternative treatments for eight conditions, including:

- Osteoarthritis of the knee (\$13,981 in savings)
- Carpal tunnel syndrome (\$39,553 in savings)
- Low back pain (\$4,160 in savings)

The Report reinforces the importance of physical therapists (PTs) and physical therapist assistants (PTAs) in improving patient outcomes and decreasing downstream costs. We urge policymakers like the ARTF to review and use this report to inform de-regulatory efforts for health care delivery and payment under Medicare, Medicaid, and with commercial payers.

We commend the ARTF's focus on identifying and addressing regulations that may impede competition and limit consumer choice in health care and other sectors. Physical therapists in private practice encounter numerous state and federal regulations that, intentionally or not, serve to restrict market entry, reduce innovation, and limit patient access to timely and cost-effective care. We outline issues below that harm competition and access to physical therapy services which are proven to improve health outcomes and lower health costs in comparison with more invasive interventions like surgery. We also highlight

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outdated Medicare restrictions that we urge ARTF to review in its joint work with CMS to reduce paperwork burden.

### **Payment Policies and Vertical Integration**

Private practice PTs often face exclusionary contracting practices by large health systems and insurers that limit participation in provider networks, regardless of clinical outcomes or patient preference. As noted above, payers that deny or delay credentialing of independently-owned therapy practices have a chilling effect on competition and can lead to market consolidation, driving up costs and reducing access.

The stifling of competition also occurs as a result of market dominance. These conditions are exposed in the American Medical Association's *Competition in Health Insurance: A Comprehensive Study of U.S. Markets, 2023 Update*. This [report](#) documents a troubling pattern of consolidation in the commercial health insurance market, with 73% of metropolitan statistical areas (MSAs) in the United States being highly concentrated, as defined by the Herfindahl-Hirschman Index (HHI), with a single insurer holding at least 50% market share in nearly half (48%) of those MSAs. In 91% of MSAs, at least one insurer had a commercial market share of 30% or more. This level of concentration, particularly among the largest national insurers, has produced conditions that stifle competition, depress physical therapy reimbursement, and ultimately limit patient access to care—particularly from independent, community-based providers such as private practice physical therapists. Additionally, Accountable Care Organizations (ACOs) and other payment models that do not proactively consider antitrust implications have become exclusionary in certain areas, adding to effective consolidation when they dominate a market.

We encourage the ARTF to investigate payer and ACO practices that create de facto anticompetitive outcomes through effective monopolization. Ensuring fair network access for qualified, independent providers is essential to promoting a competitive and patient-centered health care system.

### **Streamline the Credentialing Requirement for New Physical Therapists**

Physical therapists credentialed by Medicare undergo redundant credentialing by each health plan's network with whom they contract. Commercial networks should leverage and rely on Medicare's rigorous credentialing, which preserves existing high standards and provides a national baseline of trust and standardization. This change would get licensed physical therapists working earlier by bolstering network adequacy and access to therapy services, especially in rural and underserved regions. It would also reduce administrative burden and adverse impacts on therapy operations due to unnecessary delays.

### **Referral Restrictions and Scope of Practice Limitations**

In many states, PTs face obsolete scope-of-practice restrictions that are not supported by clinical evidence or patient safety concerns but rather serve to preserve market share for other provider groups. Despite extensive education and clinical training, PTs are often limited by these laws and regulations that inhibit their ability to provide the full range of services for which they are qualified. These limitations prevent physical therapists from practicing to the full extent of their education and training, especially in direct access contexts where patients can seek care without a physician referral, which now exist in various forms in every state jurisdiction. Such referral requirements not only delay care but also drive up costs and reduce access, particularly in underserved or rural areas.

We urge the ARTF to examine regulatory structures—such as this mandatory physician gatekeeping for therapy services—that create artificial barriers to market competition and hinder consumer choice. The Federal Trade Commission (FTC) has previously acknowledged that expanding the scope of practice for non-physician providers can enhance competition and improve health care access. The Department of Justice should further this dialogue through the ARTF. In addition, PTs in private practice know that scope of practice constraints reduce competition, increase health care costs, and diminish innovation in care delivery. We urge the ARTF to also consider whether certain scope-of-practice limitations serve legitimate public interests or merely restrict competition without improving patient outcomes.

### **Barriers to Direct Access**

Many states continue to impose unjustified restrictions on a patient's ability to access physical therapy services without a physician referral. These limitations are not grounded in evidence-based concerns for patient safety but rather serve to protect entrenched provider interests, often increasing the cost of care and delaying necessary treatment. We urge the ARTF to examine how such referral requirements hinder competition and restrict consumer choice in the health care marketplace.

### **Conclusion**

APTA Private Practice appreciates the ARTF's efforts to identify and reform regulations that unduly restrict competition. We believe that PTs in private practice are uniquely positioned to offer accessible, high-quality, and cost-effective care. By removing anticompetitive regulatory barriers, the ARTF can help ensure a more dynamic and consumer-friendly health care market.

We welcome the opportunity to collaborate further with the ARTF and to provide data and stakeholder perspectives from our members as your work proceeds. Please contact Robert Hall at [RHall@ppsapta.org](mailto:RHall@ppsapta.org) with any questions or for more information.

Sincerely,



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President  
Private Practice Section of the American Physical Therapy Association