

APTA Private Practice

Small business professionals restoring function to America - one patient at a time.

PROTECT COMMUNITY-BASED PHYSICAL THERAPY CARE provided by PHYSICAL THERAPIST ASSISTANTS

RECOMMENDATION: APTA Private Practice, a Section of the American Physical Therapy Association (APTA) urges Congress to pass bipartisan legislation to **allow Medicare to accept a state’s supervision standard for physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) instead of Medicare setting their own direct supervision requirement (S.5). Making this change can save enough money to pay for a 2-year exemption to the 15% Medicare payment differential for PTA and OTA services in rural and underserved areas, (a provision of the *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act, H.R.5536*).**

By passing these targeted policy updates, lawmakers would protect Medicare beneficiary access to physical therapy while supporting private practice outpatient physical therapy clinics and the therapist assistants they employ in rural and underserved communities.

BACKGROUND:

Physical therapist assistants (PTAs) use their training to help a physical therapist implement a patient’s treatment plan; this assistance can include guided exercise, massage, stretching, gait and balance training, as well as post-treatment education for the patients and family members. Therapy assistants must provide care under the direction and supervision of physical therapists. Current Medicare rules require that in outpatient clinical settings the supervising therapist be in the same physical location as the PTA—this is referred to as direct supervision. In all other settings, the supervising physical therapist only needs to be available by phone—this is referred to as general supervision. In contrast, only New York and Washington DC require direct supervision of PTAs. Making the supervision requirement consistent across all outpatient settings will expand access to care, decrease administrative burden, and ease compliance for providers who work and manage staff in more than one type of outpatient setting.

The *Bipartisan Budget Act of 2018* required a 15% Medicare payment differential for care provided in-whole or in-part by a PTA or occupational therapy assistant (OTA) beginning on January 1, 2022. This payment differential has impacted clinics in rural and medically underserved areas the hardest because those are the regions of the country where recruitment of therapists is especially difficult and therefore more care is provided by therapist assistants.

It is crucial that Congress mitigate the impact of the PTA/OTA differential on rural and underserved areas as well as establish a standardized general supervision requirement for Medicare. Many private practice physical therapists utilize PTAs to provide high-quality, cost-effective physical therapy in community-based settings—especially in rural and medically underserved areas. Targeted relief from the PTA/OTA differential along with universal general supervision will enable our clinics to expand hours, reduce administrative burdens, ensure access to care in vulnerable communities, and support the local economy.

To **cosponsor H.R.5536**, please contact Kris Pittard (kristopher.pittard@mail.house.gov) in Rep. Bobby Rush’s office. To **cosponsor S.5**, please contact Anthony Theissen (anthony_theissen@carper.senate.gov) in Sen. Tom Carper’s office.