

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 the bipartisan *EMPOWER Act (H.R.4878/S.2459)* to require Medicare to accept a state's supervision standard for physical therapist assistants (PTAs) instead of Medicare setting their own direct supervision requirement. With this targeted policy update, lawmakers would protect timely Medicare beneficiary access to physical therapy while supporting private practice outpatient physical therapy clinics and the therapist assistants they employ—especially those providing care 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. Therapist 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. While therapy providers must comply with their state practice act if those requirements are more stringent than Medicare's, the standard in 48 states is general supervision of OTAs and PTAs, making this outdated Medicare regulation — which arbitrarily applies only to private practice — more burdensome than almost all state requirements.

The *EMPOWER Act (H.R.4878/S.2459)* would provide for a standard "general supervision" requirement across all outpatient settings in states with licensure laws that allow for it. This will expand access to care, decrease administrative burden, and provide much-needed workforce flexibility to meet the needs of beneficiaries. According to an independent report published by Dobson & Davanzo in September 2022, this change in supervision is estimated to save \$271 million over 10 years.

The *EMPOWER Act* also directs the Government Accountability Office analyze how the Medicare Part B 15% payment differential for services provided by OTAs and PTAs, which went into effect in 2022, has impacted access to physical and occupational therapy services in rural and medically underserved areas, across all Medicare Part B settings. Beneficiaries in those areas are twice as likely to receive OT or PT services from an assistant. The GAO report, due Dec. 31, 2024, will identify whether this payment differential is disproportionately impacting these regions.

It is crucial that Congress establish a standardized general supervision requirement. 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. This small but impactful shift to 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.4878**, please contact Annie Clark (annie.clark@mail.house.gov) in Rep. Debbie Lesko's office. Please contact Victoria Carle (victoria_carle@carper.senate.gov) in Sen. Tom Carper's office to **cosponsor S.2459**.