

Private Practice Physical Therapists

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

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

RECOMMENDATION: The Private Practice Section (PPS) of the APTA urges Congress to pass the bipartisan *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act (H.R.5536)*. This bill would protect Medicare beneficiary access to physical therapy while supporting private practice outpatient physical therapy clinics and the therapy assistants they employ with a targeted policy update which also provides additional protection for minority and rural communities.

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. For the duration of the Public Health Emergency (PHE), this direct supervision can be achieved via audio/visual communications. In all other settings, the supervising physical therapist only needs to be available by phone—this is referred to as general supervision. Currently, 44 states allow for general supervision of PTAs in all setting types. Making the supervision requirement consistent across all outpatient settings will also 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* requires the implementation of a 15% Medicare payment differential for care provided in-whole or in-part by a physical therapist assistant or occupational therapy assistant (OTA). CMS regulations have defined "in whole or in part" to be situations when more than 10% of the therapy service is furnished by the PTA or OTA (also referred to as a "de minimis" standard). Unless Congress intervenes, the crippling 15% payment differential will go into effect on January 1, 2022.

The bipartisan *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act*

- Provides a one-year delay in the implementation of the therapy assistant differential.
- Exempts those providing care in rural and Medically Underserved Areas (MUAs) from the 15% therapy assistant differential.
- Equalizes PTA/OTA supervision requirements across all settings by allowing for general supervision of PTAs by physical therapists in outpatient settings (where allowed by state law).

It is crucial that Congress pass the *SMART Act (H.R.5536)* in order to mitigate the impact of the PTA/OTA differential and 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. An additional 15% reduction for care provided by PTAs implemented during the PHE, along with other impending cuts to payment, is likely to force providers to lay off staff, limit hours, or worse-yet close clinics permanently—significantly disrupting access to care as well as the local economy. Help us keep our doors open and providing care to our community members.

This bipartisan bill has been [endorsed](#) by 17 provider and patient groups. To **cosponsor H.R.5536**, please contact Lauren Citron (lauren.citron@mail.house.gov) in Representative Bobby Rush's office.