

Memo

To: James (J.P.) Paluskiewicz (Rep. Upton) and Thomas Powers (Rep. Bilirakis)
From: APTA and PPS
Date: 4/17/16
Re: Survey of APTA's Private Practice membership re: locum tenens

Issue:

Energy and Commerce Health Subcommittee staff requested a survey of private practice physical therapists to determine the need and impact of legislation that would empower physical therapists to use the locum tenens provision of Medicare. (H.R. 556)

Background:

The *Prevent Interruptions in Physical Therapy Act* (H.R.556/S.313) as introduced would enable all physical therapists, regardless of location and practice size, to use the existing locum tenens provision in Medicare.

In June 2015, the Senate Finance Committee passed a version of the *Prevent Interruptions in Physical Therapy Act* (S.313) that was limited to those physical therapists practicing in non-[Metropolitan Statistical Area \(MSA\)](#) (rural) as well as designated [Health Professional Shortage Areas \(HPSAs\)](#), [Medically Underserved Areas \(MUAs\)](#). This decision to limit the scope of the bill was done solely for cost, not policy reasons. Our survey shows that this version limited to rural and underserved areas will not solve the problem for the majority of physical therapists.

Findings:

Attached are the results of our locum tenens survey to the Private Practice Section membership (4,133 members). In our instructions to the membership, we stipulated that only one member (owner preferred) respond for a group of clinics in a practice. A robust 467 members responded to the survey and the results clearly show the need for physical therapists to utilize locum tenens in order to maintain continued access to care for their Medicare beneficiary patients. Should we need to formulate legislation by clinic size for scoring purposes, the results of the survey can guide us to the proper and necessary therapist threshold.

Notable findings:

- Nearly 70% of clinics were reported as urban or suburban underscoring the fact that locum tenens is not solely a rural issue.
- More than two-thirds of PT clinics would not be able to use locum tenens under Senate amended version of the legislation.
- More than 76% of PT practices only have 1 or 2 clinics. This makes it very difficult for them to use their own staff to cover for absences of a fellow physical therapist.
- In question 4 we asked for the number of Medicare enrolled physical therapists in each clinic location. In order to provide a more accurate picture, the therapists reported

- separately for multiple clinics in their practice. Again the results show the small number of clinics in a given practice. There are only 1-5 PTs practicing in 80-90% of the clinics.
- Most clinics enroll the exact number of PTs that actually work in the clinic. Those clinics need to use locum tenens when an unavoidable or unscheduled absence arises as they have no “extra” physical therapists to fill in.

Conclusions:

The findings of this research support the need for passage of HR 556 as introduced.

Our members feel strongly that the technical fix allowing all physical therapists to utilize the locum tenens provision would be appropriate for these doctoral-level trained providers who are an integral part of the health care system for seniors.

However, should the score of H.R.556 be an issue, an alternative has been suggested that would make the locum tenens provision available only to those physical therapists practicing in clinics with 7 or fewer Medicare-enrolled physical therapists. Our survey findings show that a practice-size limitation could be workable alternative and that the threshold number could be no lower than 5 or fewer Medicare-enrolled physical therapists per clinic location.

If you have any questions about the results or would like to discuss them please let us know. We believe these survey results provide valuable insights as we move forward with the legislation.