

Chairman Pitts, Ranking Member Green, and Members of the Committee:

Thank you for holding today's hearing highlighting these important legislative issues. My name is Sandra Norby, and I appreciate the opportunity to discuss my strong support for H.R. 556, the Prevent Interruptions in Physical Therapy Act of 2015. I would like to especially thank Congressmen Bilirakis and Lujan for their sponsorship of this legislation. I am a physical therapist and a member of the American Physical Therapy Association (APTA) and its Private Practice Section. My small business consists of 5 clinics in Iowa, in communities with populations ranging from 500 to 9000.

One of APTA's policy priorities is to improve access to care by physical therapists through the elimination of regulatory, legal, and payment policy barriers that impede patient care. Physical therapy is part of the comprehensive care model, therefore it is high time that access to PT also receives the same protections against unavoidable absences by the therapy provider. H.R. 556, would improve access to care by providing needed regulatory relief with a simple technical fix. This bill would allow PTs to enter into locum tenens arrangements with other qualified Therapists on a temporary basis in cases such as illness, pregnancy, or jury duty. This arrangement is available to numerous Medicare providers, but physical therapists were overlooked and are not included in the law that permits locum tenens.

This means PTs in private practice are unable to be absent from the clinic, even in an emergency, without interrupting a Medicare patient's care. An interruption results in gaps in treatment and potential regression in the patient's condition. When care is resumed, the Medicare patient is likely to require more care to achieve the original therapeutic goals than what would have been required had a locum tenens therapist been allowed to step in and continue the treatment plan. Thus, not allowing locum tenens for PTs has the potential to increase costs to the Medicare program.

It is currently possible to hire a substitute for planned leave by arranging for a PT to be added to the practice's Medicare certification. However, such an arrangement is not realistic for emergencies or a short-term option. The process is complicated, and time-consuming taking 2 to 3 months under the best of circumstances and requires an onsite visit. Further, this process must be repeated for every provider absence. This cumbersome time requirement is certainly a reason that numerous other Medicare providers are permitted to use locum tenens arrangements; it only makes sense that PTs are afforded the same option.

Practicing in small rural communities, as I do, my colleagues and I are often the only physical therapists in the local area. When we are pulled away from the clinic, our practice must turn away our Medicare patients or take extraordinary measures to ensure patients maintain access to care. During a recent maternity leave of one of my partners, I spent 12 weeks driving from my home, 3 hours away, sleeping at the clinic most nights, in order for our Medicare patients to receive their care.

Under locum tenens, a clinic like mine would be allowed to bill and receive payment for the replacement therapist's services. Built-in safeguards control fraud and abuse as all locum tenens agreements must meet regulatory standards, including the identification of these services on the Medicare claim form and a 60-day limit on the use of the provider. Senator Charles Grassley recently received a letter stating "quote" CMS does not have evidence indicating that locum tenens as used by physicians under current law has led to a general increase in utilization of services or that industry practices generally lead to the provision of unnecessary services relating to the use of locum tenens, or that the use of locum tenens under current law in the Medicare program is generally inappropriate, wasteful, or fraudulent. "Close quote."

Patients would receive the same services regardless of which provider they see, and so utilization should be consistent. Moreover, preventing disruption of a Medicare patient's care, as this bill will do, would likely result in *lower* costs to the Medicare program.

I truly appreciate the committee's interest in addressing this regulatory burden that impacts access to care. I am hopeful this simple technical correction can be achieved, and that Medicare patients will be allowed to continue to access medically necessary PT services without disruption. I look forward to working with the committee, and I am happy to answer any questions you may have.