Minnesota House of Representatives
Health Finance and Policy Committee
Re: HF 3240 Physical Therapy Access Bill
March 4, 2022

Dear Committee members:

On behalf of the Minnesota Chapter of the American Physical Therapy Association, thank you for this opportunity to respond to the position of opposition by the Minnesota Orthopaedic Society (MOS) to HF 3240, the Access to PT Bill.

Patient safety seems to be the greatest concern offered by the MOS yet they offer no credible evidence that the risk of full and unrestricted access to physical therapists warrants keeping in place language that is the result of many compromises over many years. In fact, 20 states, the U. S. Military, the Veterans Administration, and Kaiser Permanente allow full access without restrictions to physical therapists (PT).

It is important to remember that PTs in Minnesota have been diagnosing and intervening without physician presence, and they have been identifying those situations where the expertise of physicians is required for since 1985 – nearly 40 years. If the risk to the public was indeed significant, one would expect a record of disciplinary actions taken by the MN Board of PT against individual PTs. In 2008, legislation that expanded access for 30 days to 90 days required a report from the MN Board of PT on this topic. The results were that there had been no disciplinary actions taken as result of harm to a patient who accessed a PT without referral.

HPSO, the primary liability insurer for PTs in the country, confirms that they do not risk adjust premiums for PTs in states with full access without restrictions, as compared to those in states with restricted access. In their letter (document provided) HHPSO writes, “We currently have no specific underwriting concerns with respect to direct access to physical therapists.” **Yet MOS offers no credible evidence to their assertion that safety would be compromised.**

MOS goes on to describe the training of physicians who practice medicine. The American Physical Therapy Association (APTA) in Minnesota is not asking for privileges to practice the full scope of medicine.

The opposition by MOS to allowing fully licensed PTs to practice under access without referral for the first year of practice suggests that having a physician perform the differential diagnosis somehow results in the PT learning how to better do just that. MOS does not take into account that the in order to graduate and qualify for licensure, the PT must have at least 38 weeks of full time hands-on and supervised internships in multiple practice settings. They must also pass the National PT Exam (NPTE) which contains more than twice the number of exam items on PT examination, evaluation, diagnosis, and prognosis across nine body systems than exam items on treatment intervention. **There is no compelling evidence that points toward constraining a newly licensed Doctor of PT from practicing at the top of their license.**

APTA MN fully agrees with MOS that if patients are not getting better within the 90 day window, the PT should refer the patient back to a physician. That's exactly what has been happening for over 40 years. Our obligation to refer when appropriate, is every day and not just after some arbitrary number of days. **There is no compelling evidence that supports the ongoing restrictions that patients face when working with a physical therapist.**

MOS suggests that their oversight of patients protects "against mismanagement" and that they need to "monitor appropriate treatment duration." There is no evidence that this sort of oversight is necessary. In fact, in some cases, it could be a conflict of interest.

Last, MOS suggests that keeping the 90 day limitation provides "value without unnecessarily inconveniencing patient." It is hard to understand how stopping care that is helping a patient, and redirecting them away from the conservative care they chose offers value and that it is a necessary inconvenience.

MOS offers one additional criticism. They oppose the language that describes supervision and collaborative care visits when physical therapist assistants (PTA) are involved in the care. APTA MN is asking to make permanent the use of a telehealth option that has been in place during the pandemic with great success. In addition, we believe that requiring a collaborative visit (as opposed to the current observation of the PTA delivering the care) actually strengthens the supervisory oversight required of the PT, as it includes direct patient interaction, something the current language does not.

Committee members should not be distracted by comparisons of the education of physicians and physical therapists. **APTA MN urges the committee to stay focused instead on patients who are subject to unnecessary regulations that limit their choices and cost them money. No harm to patients. No reason to maintain access barriers to Physical Therapists.**

APTA MN welcomes the opportunity to further discuss MOS's concerns should they be willing to do so. Please do not hesitate to contact APTA MN if you have questions regarding our comments.

Thank you,

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