



To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: March 15, 2012

Subject: HB 2159; relating to physical therapy “direct access”

The Kansas Medical Society appreciates the opportunity to submit the following comments on HB 2159, which amends the physical therapy practice act to allow PTs to initiate treatment on individuals without a physician referral, so-called “direct access”. Under current law, PTs may only initiate treatment without a referral by a physician or certain other providers under limited conditions.

We believe the structure of our current law, which allows for limited direct access under certain conditions and promotes a collaborative framework between physical therapists and physicians, produces safe, high quality patient care for the benefit of patients. Because PTs are not trained to make a medical diagnosis, or to recognize a potentially serious disease that may present itself as a simple musculoskeletal problem, we strongly believe all patients should have the benefit of a physician’s evaluation prior to being treated by a physical therapist.

Our concerns about “direct access” have nothing to do with a “turf battle” as this is sometimes characterized. Physicians and PTs do not compete with each other. They each have fundamentally different roles in the health care system. Physical therapy is important, but in our opinion, it should be done in collaboration with a physician.

Over the years, including as recently as 2007 when the PT scope of practice was last amended, the PTs have made it clear that their ultimate goal is to achieve unlimited direct access. Our strong preference, as noted above, is to retain the referral system that we have in place today, which we believe serves patients well.

With that backdrop, although we could not support direct access in principle, we did engage in lengthy discussions with the PTs about possible amendments during House consideration of the bill, in order to make it less objectionable from our standpoint. We did come to agreement on several amendments, but I believe it is safe to say that neither the PTs, nor we, were particularly enthusiastic about the outcome.

The amendments were intended to provide important information to patients who self-refer to PTs, and to place a shorter time limit on the direct access period, to ensure that

patients who aren't getting better will be seen by a physician and obtain a medical diagnosis. The amendments also help ensure that care won't be further fragmented by making sure PT services provided in a hospital are consistent with the attending physician's treatment plan. With the addition of these amendments on the House floor, we agreed to remove our opposition to the bill.

One additional amendment that we offered, but the PTs rejected, was a clear statement that the changes to the PT practice act were not to be construed to prohibit any insurance policies or contracts from requiring a physician's referral, order or medical necessity determination prior to coverage for PT services. As an alternative, the parties agreed to enter a statement of legislative intent to that effect in the committee record, and we believe the PTs will be submitting such a statement.

Thank you for the opportunity to offer these comments.