Make the Michigan Physical Therapy Association your *Go To Expert* on all issues about Physical Therapy in Michigan

● Since January 1, 2015, MI citizens have been able to choose physical therapy (PT) services directly!

- The new law allows physical therapy treatment of a patient without a prescription under either of the following circumstances:
  - For 21 days or 10 treatments, whichever first occurs. However, a physical therapist shall determine that the patient's condition requires physical therapy before delegating physical therapy interventions to a physical therapist assistant.
  - The patient is seeking physical therapy services for the purpose of preventing injury or promoting fitness.
- Public Acts 261 - 264 of 2014 (tie-barred to PA 260 - 2014) provided that third party payers did not have to reimburse for direct access to PT services; they could still require a prescription.
  - However, one major insurer (Priority Health) has chosen to no longer require the prescription as a condition of payment
    - On 2/10/15 Priority Health announced that it would follow the new law and reimburse for direct access PT services for their commercial insurance products - with an effective retro date of 1/1/15 - the date when Direct Consumer Access to Physical Therapy Services became effective.

● Our MPTA members tell us positive stories from their patients (your constituents) about being able to see their physical therapist directly - without the delay in care and extra cost that was the norm before Direct Consumer Access was achieved. Only some of those positive stories show that:

- Eliminating the prescription requirement has made PT care more accessible to more people.
- Since access to PT care is now streamlined; patients are able to eliminate their pain, restore their function and return to daily life & work more quickly.
- Direct Consumer Access to PT now allows patients to seek PT care and pay cash if they wish.
  - Even if a patient wanted to pay cash for PT in the past, the delay and cost of getting a prescription for PT was an added burden.

● MPTA wants to ensure that unfair co-pays from health insurance companies do not prevent adequate Physical Therapy care.

- Some health insurance companies restrict access to PT services by imposing high "specialty" co-pays of $50 or more per visit, limiting the frequency and duration of care a patient is able to afford.
- Specialty co-pays are intended for specialized medical care - often for consultation and at significantly less frequent intervals than are needed for PT care.
- For example:
  - A primary care physician (PCP) may decide to refer their patient to a rheumatologist for consultation on the care that the PCP will continue to manage.
  - This truly "specialty care" will result in very few visits to complete that service. Paying specialty care co-pays for a few visits is generally feasible for most patients.
  - If that same patient needed PT care to decrease pain and regain function, that care would likely result in 2 - 3 visits per week for several weeks to meet those goals.
  - Consider a $50 co-pay per PT visit resulting in $100 to $150 per week. This expense is substantial and may limit the patient's access to PT care.
- The economic burden of high co-pays for multiple routine visits often limits patients from getting the PT care they need, and may result in higher overall health care costs.
- This practice unfairly treats physical therapy, a routine health service, as a specialist physician service.

● MPTA supports fair physical therapy co-pays that prevent cost-shifting to the patient by categorizing physical therapist care as specialty care.