

Legislative Analysis



PHYSICAL THERAPY AMENDMENTS

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Senate Bill 690 (as passed by the Senate)
Sponsor: Sen. John Moolenaar

Senate Bill 691 (Substitute H-1)
Sponsor: Sen. Rebekah Warren

Senate Bill 693 (Substitute H-1)
Sponsor: Sen. Dave Hildenbrand

Senate Bill 692 (Substitute H-1)
Sponsor: Sen. Tom Casperson

Senate Bill 694 (Substitute H-1)
Sponsor: Sen. Mike Green

House Committee: Health Policy
Senate Committee: Health Policy

(Enacted as Public Acts 260-264 of 2014)

Complete to 6-9-14

A SUMMARY OF SENATE BILLS 690-694 AS REPORTED BY HOUSE COMMITTEE

Senate Bill 690 would allow a person to self-refer to a physical therapist for either a limited number of treatments or for the purpose of preventing injury or promoting fitness.

Senate Bills 691-694 would amend various laws to allow coverage for physical therapy services under health insurance plans, prudent purchaser agreements, worker's compensation, and automobile no-fault insurance to be provided only under a prescription by a physician, dentist, or podiatrist.

Senate Bill 690 is tie-barred to Senate Bills 691-694, and those bills are each tie-barred to it. A bill cannot become law unless a bill to which it is tie-barred also is enacted.

Senate Bill 690 would amend the Public Health Code (333.17820 and 333.17824) to allow a physical therapist or physical therapy assistant to treat a patient without a prescription by a health care professional (defined to mean a physician, dentist, or podiatrist) under either of the following circumstances:

- For 21 days or 10 treatments, whichever occurs first. Before delegating PT interventions to a PT assistant, the physical therapist must determine that the patient's condition requires physical therapy.
- The patient is seeking PT services to prevent injury or promote fitness.

A physical therapist treating a patient without a prescription would have to refer the patient to an appropriate health care professional for treatment if the PT has reasonable cause to believe that symptoms or conditions are present that require services beyond the PT's scope of practice. If the patient does not show reasonable response to treatment in a time period consistent with the standards of practice as determined by the Board of Physical Therapy, the PT would have to consult with an appropriate health care

professional. These requirements are virtually identical to those already required of PTs when providing services under a prescription.

The bill would also add the titles of "Doctor of Physiotherapy" and "Doctor of Physical Therapy" to the list of protected titles that can only be used by persons authorized under the code.

Senate Bills 691-694 amend various statutes to specify that insurers would not have to provide benefits or reimburse for services provided by a physical therapist, or by a physical therapist assistant under the supervision of a licensed physical therapist, unless that service had been provided under a prescription from a health care professional who holds a license issued under Part 166 (dentists), 170 (M.D.s), 175 (D.O.s), or 180 (podiatrists) of the Public Health Code, or the equivalent license issued by another state.

Senate Bill 691 amends the Nonprofit Health Care Corporation Reform Act (MCL 550.1502 and 550.1502a), which applies to certificates or prudent purchaser agreements offered by Blue Cross Blue Shield of Michigan.

Senate Bill 692 amends the Prudent Purchaser Act (MCL 550.53).

Senate Bill 693 amends the Worker's Disability Compensation Act (MCL 418.315)

Senate Bill 694 amends the Insurance Code (MCL 500.3107b) to apply to motor vehicle personal protection insurance coverage and individual and group disability insurance prudent purchaser agreements.

FISCAL IMPACT:

The bills would not have a significant fiscal impact on the state or local units of government.

BRIEF DISCUSSION OF THE ISSUES:

Currently, a physical therapist licensed and practicing in Michigan may only treat a patient under a prescription written by a Michigan-licensed physician, dentist, or podiatrist. All other states, Washington D.C., and the U.S. military all allow some form of direct access to a physical therapist. Supporters of direct access say that research supports that direct access lowers healthcare costs to consumers and insurers, does not increase disciplinary actions by licensing boards, and does not increase the number of malpractice claims against physical therapists. Direct access, say supporters, eliminates an unnecessary visit to a primary care physician, saving both the doctor and the patient time. The bills do not create an open door to PT services; a patient would need to obtain a prescription if more than 10 visits or three weeks of treatments were needed. Further, an insurer would not be mandated to cover treatment that was not provided under a prescription, but could choose to do so.

Those opposed to the legislation say that direct access to PT therapy has been debated for decades. The PT profession is anticipated to grow, and providing treatment without a diagnosis first is not a positive change. Some could self-refer for what is believed to be a musculoskeletal problem when it may be a heart related condition or other serious illness, say critics. Delaying treatment for a heart attack or other condition, they argue, could have serious results. Plus, some important research information is lacking, such as how many patients in the direct access states self-referred unnecessarily to physical therapists.

In a related issue, physical therapists cannot currently accept a prescription written by a chiropractor. Chiropractors say they are the only physician group to not be included among the health providers from whom a PT may accept a prescription. Chiropractors routinely refer patients to other health specialties when appropriate, such as when a patient's medical need is outside the chiropractor's scope of practice, so such an amendment would not alter the chiropractic scope of practice. Reportedly, at least 40 other states, including the other Great Lake States, allow PTs to accept referrals from doctors of chiropractic.

POSITIONS:

Representatives of the Michigan Physical Therapy Association testified in support of the bills. (6-3-14)

The Michigan Orthopaedic Society indicated support for Senate Bill 690. (6-3-14)

42 NorthPartners submitted testimony in support of the bills. 6-3-14)

The Department of Licensing and Regulatory Reform (LARA) indicated a neutral position on the bill. (6-3-14)

A representative of the Economic Alliance for Michigan testified in opposition to Senate Bill 690. 6-3-14)

TheraMatrix Physical Therapy indicated opposition to Senate Bill 690. (6-3-14)

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Fiscal Analyst: Paul Holland

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.