

Medicare Patient Empowerment Act (H.R. 3322/S. 826)



Position

The American Physical Therapy Association strongly supports the Medicare Patient Empowerment Act (H.R. 3322/S. 826), legislation that would provide physical therapists with the ability to privately contract with Medicare beneficiaries. H.R. 3322 was introduced by Rep. Pete Sessions, R-Texas. S. 826 was introduced by Sens. Rand Paul, R-Ky., and Lisa Murkowski, R-Alaska.

Background

Improving patient access to essential health services, including physical therapy, is a core priority of APTA. Too often, public and private insurance programs include barriers to care that result from unnecessary regulatory, legal, and payment policies. Medicare beneficiaries should be empowered to select the health care professional of their choice, and the association supports a legislative change to allow for physical therapists and other health care professionals to privately contract with beneficiaries. This action requires providers, including physical therapists, to opt out of the established rules set by the Medicare program.

Currently, physicians have the authority to opt out of the Medicare program and privately contract with Medicare beneficiaries. Medicare allows other practitioners, such as physician assistants, dentists, podiatrists, optometrists, social workers, psychologists, nurse midwives, dietitians, and other eligible providers, to do so as well. However, these providers are barred from providing any Medicare services to any Medicare beneficiary for a two-year period.

The Medicare Patient Empowerment Act would modernize the Medicare statute by allowing a Medicare beneficiary to enter into a direct contract with an eligible provider, including physical therapists, for any item or service covered by Medicare. This legislation would guarantee flexibility to the provider and patient on delivery of services. Unlike the current policy, H.R. 3322/S. 826 would not require a two-year commitment to opt out, and would allow Medicare providers to continue to serve all other Medicare patients. The bill also would allow Medicare beneficiaries to submit a claim to the Centers for Medicare and Medicaid Services for potential reimbursement, similar to private insurance.

The ability of beneficiaries to submit claims is a positive provision to safeguard patients from having to pay out of pocket for their choice of health care provider. In addition, the legislation would prohibit a beneficiary from entering into a contract when he or she is facing an emergency medical condition or urgent health care situation.

Expedite Access to Care and Provide Flexibility

As Medicare administrative burden and reimbursement continue to challenge those serving in health care, APTA members report that medically necessary physical therapist services are delayed – ultimately impacting patients' clinical outcomes – because of the amount of time and resources they must spend on administrative tasks, instead of patient care. It is imperative for providers to have the flexibility to choose what is most appropriate for their practices and patients. APTA believes Medicare beneficiaries should not be limited in their choice of high-quality health care providers.

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

PTs and PTAs provide services to people in a variety of settings, including outpatient clinics or offices; hospitals; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; community centers; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

American Physical Therapy Association

The American Physical Therapy Association is a national organization representing more than 100,000 physical therapists, physical therapist assistants, and students nationwide. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



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