
APTA Maryland Physical Therapy Impact Week 2021 Talking Points

The following bills are supported by the APTA Maryland. Talking points and bill numbers are noted below. For a full listing of bills we are monitoring and supporting, please go to www.aptamd.org and select legislation.

House Bill 123 / Senate Bill 3 – Preserve Telehealth Act of 2021 – SUPPORT

Among the many provisions of House Bill 123/Senate Bill 3, it makes clarifications to the State Medicaid program by broadly defining where patients can be cared for via telehealth including in their homes and will also allow for audio only communication. The bill additionally requires commercial insurers to pay the same for telehealth visits as they do for in person visits and to allow for audio only communication. In all instances with telehealth, it is important to allow for providers and patients to determine what is best and appropriate to be delivered via telehealth.

Telehealth and Implications for Physical Therapy Practice

The COVID-19 pandemic has forced health care providers and payers to reconsider how care is delivered in order to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. For the duration of this public health emergency, states and many private payers have created telehealth policies that have ensured access to the health care, including physical therapy, that patients need.

While telehealth has played a crucial role in providing needed care during the pandemic, it has become increasingly clear that its many benefits can be utilized well beyond the immediate COVID-19 health emergency. For patients who have difficulty leaving their homes without assistance, have underlying health conditions, lack transportation, or would need to travel long distances, the ability to access physical therapy via telehealth greatly reduces the burden on the patient and family when accessing care.

Telehealth is particularly well-suited for physical therapy, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the physical therapist is able to evaluate and treat the patient within the real-life context of their home environment, which is not easily replicable in the clinic. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact in their own environment with a therapist when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

Payment Parity

Payment parity for telehealth is critical, for several reasons. First, most of the cost of a service is attributed to the work relative value unit (RVU) of the Current Procedural Terminology (CPT®) code. Accordingly, the work RVU does not change when care is delivered via telehealth. Second, the practice expense may actually be higher when providing care via telehealth. Although a provider may offer some services via telecommunications technology, they most likely **also** are continuing to provide in-person care in an office. Delivering care via telecommunications technology requires an ongoing investment in technology, IT support, HIPAA-compliant telehealth platforms, and more. Accordingly, the practice expense for telehealth is higher in many instances. Third, liability and malpractice risks are similar to those for in-person services — and may even incur additional

costs. For instance, some liability insurers will require providers to purchase a supplemental telehealth insurance policy.

House Bill 78 / SB 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan- Pulliam Health Equity Act of 2021) - SUPPORT

Among the many provisions of House Bill 78, the fundamental premise, implemented through the creation of the Maryland Commission on Health Equity, is the establishment of a statewide “HEALTH EQUITY FRAMEWORK”. This intends to bring together policy makers and public stakeholders to collaborate and move the state forward in addressing health equity across all sectors. Physical Therapists and Physical Therapist Assistants treat patients for a range of conditions and from across all areas of the State.

We see firsthand the barriers and challenges that must be overcome to receive the care that keeps people healthy, and out of the hospital and long-term care settings. We support the goals of House Bill 78 and stand ready to participate in the work of the Commission.

Senate Bill 172 – Maryland Health Equity Resource Act – SUPPORT w/Amendment

Senate Bill 172 requires the Secretary of Health to designate certain areas as Health Equity Resource Communities in a certain manner; specifying that the purpose of establishing Health Equity Resource Communities is to reduce health disparities, improve health outcomes, improve access to primary care, promote primary and secondary prevention services, and reduce health care costs and hospital admissions and readmissions.

This is an important and timely bill as the Covid-19 Pandemic has greatly exposed the extent of health disparities and inequities in Maryland and across the country. This bill represents a significant commitment of resources to find ways to remove barriers and work toward the equity that is needed in our healthcare system. To that end we respectfully request a friendly amendment to include physical therapists on the work of the Advisory Committee.

House Bill 210 / Senate Bill 517 – State Board of Physical Therapy Examiners - Temporary Licenses to Practice Physical Therapy and Limited Physical Therapy- SUPPORT

The purpose of this legislation is to provide the Board of Physical Therapy Examiners the authority to issue temporary licenses to practice physical therapy and limited physical therapy to physical therapist and physical therapist assistant applicants who have been determined to be eligible for initial licensure but have not yet taken and passed the national licensure exam.

Temporary licensure would allow these applicants to practice under the direct supervision of a licensed physical therapist for a limited period of time pending successfully passing the exam. Allowing these applicants to practice under a temporary license will allow them to maintain competence between graduation and licensure and earn an income while studying for the national licensure exam.

APTA Maryland supports legislation that would allow for a temporary license to be issued to an individual who has completed a physical therapy or physical therapist assistant curriculum. This would authorize the holder to practice limited physical therapy under direct supervision while the temporary license is effective.

For questions about these bills or other issues,
please contact the Chapter office at aptamd@aptamd.org or 800.306.5596.