



June 14, 2023
HB 141 Proponent Testimony
House Insurance Committee

Chairman Lampton, Vice Chairman Barhorst, Ranking Member Miranda and all members of the House Insurance Committee, thank you for the opportunity to give proponent testimony on House Bill 141. My name is Gregory Kline. I am a licensed physical therapist in Ohio and Indiana. Since the completion of my Doctorate in Physical Therapy degree from Midwestern University in 2006, I have practiced in both clinical and educational settings. Currently, I am a Clinical Associate Professor of Physical Therapy and Program Director at Hanover College's Doctor of Physical Therapy Program in Hanover, Indiana. I also serve the Ohio Physical Therapy Association (OPTA) executive board as President-Elect. OPTA represents a membership of almost 4,000 physical therapists, physical therapist assistants and students of physical therapy in Ohio. There are nearly 20,000 total physical therapists and physical therapy assistants licensed in Ohio.

I am here today to request your favorable consideration of HB 141, the fair co-pay legislation. The OPTA is pleased to support this legislation that will create co-pay parity for physical therapy, occupational therapy, and chiropractic services. Currently, many insurance carriers classify physical therapists as "specialists." This means patients are subjected to higher co-pays than they would be for seeing primary care providers.

Meaningful physical therapy for injury and surgery recovery is not a one-and-done treatment plan. It takes multiple visits to a physical therapist to meet the patient's recovery goals. Research shows that individuals who receive regular physical therapy treatment experience greater improvement in function and decreased pain intensity.¹ However, high co-pays at EVERY VISIT can create disincentives for the patients to get the maximum benefit from the therapy.

For example, co-pays for each visit to a physical therapist can be \$50 or more. To put this in perspective, if a patient requires services twice a week for 4-6 weeks, these costs start to add up. Compare that to what could be a very small co-pay for a 30-day supply of a pain medication prescription, these co-pay disparities create financial incentives to "just take a pill." The goal of the bill is to remove the cost factor in choosing between physical therapy services or prescription opioids in treating pain management. Allowing therapy to be a more affordable option and removing this barrier to access is one means of addressing the opioid epidemic. HB 141 will also remove financial barriers for patients to complete their plan of care.

I have seen countless patients that rely heavily on pain medications to promote recovery from surgeries, accidents, and episodes due to medical conditions. As a physical therapist, my goal is

for them to return to their prior level of function in a fashion that minimized the reliance on pain medication so they can get back to work, complete household activities, and return to the community. Imagine the “sticker shock” of finding out that they have on avg of \$50- \$60 per visit for a co-payment.

There have been times in practice when my patients have had \$100 per visit co-payments. Not only for their initial evaluation but every visit afterward. It is difficult to work with the patients on their mobility, and pain, then educate them on progressions in just a visit or two with most conditions.

The patients who have progressive neurological diseases such as multiple sclerosis, will require at least intermittent physical therapy services to prevent regression and loss of function. These types of patients tend to require services on an ongoing basis secondary to the nature of the disease and progression. The added cost of excessive copayments is a definite barrier to having essential services performed for them to remain functional in their daily lives. Excessive copay amounts are a disincentive for patients to seek physical therapy, resulting in a lack of follow-through for their care. This only leads to higher costs for health care in the future, with the potential for significant recurrence and downstream costs including further surgery, imaging, and prescription drugs.

A study was performed by Optum Lab who administers United Health Care’s (UHC) outpatient physical and occupational therapy claims.² The authors concluded that seeing a physical therapist first for musculoskeletal conditions decreased the need for opioid medication and the decreased time for the patient to return to normal function. This has led to UHC starting to waive co-payments altogether for certain diagnoses for the first several visits. This decreases the barrier to early physical therapy as well as decreases the addiction potential of opioid medications.

I would also like to discuss the administrative burden of high copayments. In some cases, a patient’s co-pay covers the entire cost of the services provided, thus negating the entire purpose of a physical therapy “benefit” offered by insurance companies. This not only is a hardship on the patient but also creates a significant administrative burden on the physical therapist. The provider is required by contract to collect the entire copayment fee. Then pay staff to send in the charges to the third-party payer. Once the visit is reduced secondary to contractual rates, providers must refund a portion of the copayment. In the end, the patient is paying for the entire visit.

The OPTA believes creating co-pay alignment with that of a primary care physician will allow more Ohioans to access the services of physical and occupational therapists. If passed, Ohio would join other states such as Kentucky, Pennsylvania, and most recently West Virginia in enacting this policy.

Thank you for your consideration of HB 141 and I would be happy to answer any questions you may have.

References

¹ Holmgren T, Björnsson Hallgren H, Oberg B, et al. Effect of specific exercise strategy on need for surgery in patients with subacromial impingement

² Brigid M Garrity, Christine M McDonough, Omid Ameli, James A Rothendler, Kathleen M Carey, Howard J Cabral, Michael D Stein, Robert B Saper, Lewis E Kazis
Physical Therapy, Volume 100, Issue 1, January 2020, Pages 107–115, <https://doi.org/10.1093/ptj/pzz152>