June 12, 2024
HB 141 Proponent Testimony
Senate Insurance Committee

Chairman Hackett, Vice Chairman Lang, Ranking Member Craig, and all members of the Senate 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. I have practiced in clinical and educational settings since completing my Doctorate in Physical Therapy degree from Midwestern University in 2006. I am the Director and Clinical Associate Professor of Physical Therapy at Hanover College's Doctor of Physical Therapy Program in Hanover, Indiana. I also serve as the President of the Ohio Physical Therapy Association (OPTA). The OPTA represents a membership of nearly 4,000 physical therapists, physical therapist assistants, and physical therapy students. There are approximately 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.

I appreciate the opportunity today to discuss how HB141 will positively impact patients in Ohio in three areas.

HB141:

1. Enhances patient access to physical therapy evaluations and subsequent visits for acute and chronic conditions
2. Responds to concerns of "low-value" care, including Ohio's opioid crisis
3. Reduces the administrative burden of high copayments

Patient Access. 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 requires comprehensive treatment plans with 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, the patient's financial

burden quickly accumulates. 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." HB 141 removes the cost factor in choosing between physical therapy services or prescription opioids in treating pain management. The bill also allows 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.

Physical therapists see countless patients who 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 minimizes 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 an average of $50- $60 per visit for a co-payment. It's also alarming that some patients have $100 per visit co-payments for their initial evaluation and subsequent visits.

High co-pays also pose challenges to patients who have progressive neurological diseases, such as multiple sclerosis and Parkinson's disease. These patients will require at least intermittent and ongoing physical therapy services to prevent regression and loss of function, secondary to the nature of the disease and its progression. The added cost of excessive copayments is a definite barrier to having essential services performed so that they can 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 future healthcare costs, with the potential for significant recurrence and downstream costs, including further surgery, imaging, and prescription drugs.

Low-value care. The Journal of Physical Therapy recently published a study on subsequent healthcare utilization for patients with a new onset of low back pain (LBP). The researchers argued that "when low-value care is received (ie, opioid prescription, imaging, and medical subspecialty referral) within 3 weeks of initial visit, patients with acute LBP are more than twice as likely to develop chronic pain compared with those who receive none." [2] Thus, it is critical for patients with acute low back pain to have access to subsequent physical therapy visits to promote mobility and manage their pain. Ohioans with acute LBP deserve more than an X-ray and a pain pill, they need comprehensive care.

United Healthcare has responded to "low-value care" concerns by waiving co-payments for certain diagnoses for the first several visits. A study was performed by OptumLabs, which administers United Health Care's (UHC) outpatient physical and occupational therapy claims.[3] The authors concluded that seeing a physical therapist first for musculoskeletal conditions decreased the need for opioid medication and decreased the time for the patient to return to normal function. UHC's decision to waive co-payments aligns with HB141 because it decreases barriers to early physical therapy services while diminishing the addiction potential of opioid medications.

Finally, 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 hardship for the patient creates a significant administrative burden for 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. Providers must refund a portion of the copayment once the visit is reduced secondary to contractual rates. In the end, the patient is paying for the entire visit.

Finally, the OPTA believes that aligning co-pays with those of primary care physicians will allow more Ohioans to access physical and occupational therapists' services. If passed, Ohio would join other states, such as Kentucky, Pennsylvania, and, most recently, West Virginia, in enacting this policy.

In summary:

1. HB141 addresses the financial barriers for patients due to high co-payments based on our profession’s “specialist” classification by insurance carriers.
2. HB141 promotes comprehensive “high-value” care, not a pill.
3. HB141 empowers patients with chronic conditions to follow through with necessary care.
4. HB141 reduces the administrative burden on physical therapists.

Thank you for considering HB 141. I would be happy to answer any questions you may have.

References

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