May 19, 2020
HB 547 Proponent Testimony
House Insurance Committee

Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs and all members of the House Insurance Committee, thank you for the opportunity to give proponent testimony on House Bill 547. My name is Dr. Anthony DiFilippo and I am here on behalf of the Ohio Physical Therapy Association (OPTA). OPTA represents almost 4,000 physical therapists, physical therapists assistants and students of physical therapy in Ohio and is part of the American Physical Therapy Association (APTA), representing more than 107,000 members nationwide. I have been a physical therapist for 27 years. I own a 3 location practice in the Cleveland area and treat patients 30 hours per week. I am the OPTA Past president and am currently on our national association's (APTA) board of directors. I also sit on the APTA's Public Policy and Advocacy Committee.

I am here today to request your favorable consideration of HB 547, the fair co-pay legislation. The OPTA is pleased to support this legislation that will create co-pay parity for physical and occupational therapy services. Currently, insurance carriers classify PTs and OTs 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 therapist to meet patient 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 maximum benefit from the therapy. Co-pays for each visit to a PT or OT provider can be roughly $50 or more. If a patient requires services twice a week for 4-6 weeks, you can imagine those costs start to add up. Compare that to what could be 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 and occupational 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.

I see many patients that after surgery are not functional and are on pain medications. My goal for them is to return them to their prior level of function in terms of household or occupational activities and to get them off of pain medication. Imagine the "sticker shock" of finding out that they have on avg of $50- $60 per visit for a co-payment.

I have had patients of mine that have had $100 per visit co-payments. Not only for their initial evaluation but every visit afterwards. It is difficulty to work with the patients on their mobility, pain, and educate them on progressions in one or minimal visits.

The patients who have progressive neurological diseases such as multiple sclerosis, will required 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 are a definite barrier to having essential services performed for them to remain functional with 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.

Precedence has been set during the pandemic with some third-party payers waiving the copayments. This has made a tremendous difference with decreasing a barrier to access of essential services. Patients are very grateful for this type of relief although it is only a limited number of insurance carriers. 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 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 decreasing the addiction potential of opioid medications.

I would also like to discuss administrative burden with high copayments. In some cases, the amount paid in patient copays 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 significant administrative burden on the 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 and once the visit is reduced secondary to contractual rates, I have had to 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 and Pennsylvania in enacting this policy.

Thank you for your consideration of HB 547 and I would 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 impingemet

[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
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