APTA Maryland

February 24, 2022

The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee
House Office Building
Annapolis, Maryland 21401

RE: House Bill 974 – Health Insurance - Physical Therapy - Copayments, Coinsurance, and Deductibles

Dear Chair Pendergrass,

The American Physical Therapy Association Maryland is writing to register our support of House Bill 974.

The purpose of this legislation is to "prohibit insurers, nonprofit health service plans, and health maintenance organizations from imposing a copayment, coinsurance, or deductible for covered physical therapy services that is greater than the copayment, coinsurance, or deductible imposed for a primary care visit under the same plan or contract."

Physical Therapist's involvement in patient care improves outcomes and reduces cost and strain to the healthcare delivery system.

The Problem:

- Physical therapy frequently requires multiple visits over an extended period of time, as the practice of physical therapy works in conjunction with the healing process.
- Many consumers are forced to pay nearly $600 per month in out-of-pocket expenses to receive physical therapy services. This is in addition to the cost of health insurance paid by the consumer or their employer.
- Decisions by consumers to reduce the frequency or duration of their care or not to even initiate physical therapy has led to poor outcomes and complications, which only lead to higher costs for health care in the future.

Background:

- Physical Therapists routinely participate with commercial insurance plans.
- Under Maryland law and regulation physical therapists are direct access providers and can bill independently for patient visits.
- Frequently patients encounter challenges with commercial carriers through the imposition of high cost and wide-ranging copay and cost share requirements.

- In some cases, more than 50% of the PT's reimbursement comes not from the insurer but the patient through cost share fees imposed by the insurer.

- This becomes a tremendous financial barrier to care when the patient is asked to pay more out of pocket than what the insurer reimburses the PT.

- High copays can lead to patients managing pain with low-cost opioids, which can lead to dependency and death.

- The result is patients get discouraged to continue receiving the treatment and therapy they need.

The Solution:

- House Bill 974 will prohibit insurers from applying a copay, coinsurance or deductible to physical therapist services that is greater than the copay, coinsurance or deductible for a primary care service.

- This will bring down the high cost of copays confronting patients and prohibiting access to care for patients

- At least 11 States have passed legislation similar to the language below to limit the cost of copays. These states include: Arkansas (2013), Connecticut (2013), Delaware (2018), Iowa (2015), Kentucky (2011), Missouri (2013), New Hampshire (2014), New Mexico (2019), Pennsylvania (2015), South Dakota (2012), Tennessee (2013)

The Impact:

- The share of the National health care dollar represented by rehabilitation services (which traditionally includes PT, OT, chiropractor, etc.) is less than 3%. The PT portion of that is significantly smaller.
- In States with copay limits, utilization of PT has increased access to care.
- Studies have shown:
    - Higher levels of copays or cost-sharing often leads to lower utilization of services[1]
    - Physical therapy is a proven, conservative treatment alternative to opioids for chronic pain management[2]

For the reasons noted above we ask for a favorable report on House Bill 974.

Sincerely,

JD Sheppard
John D. Sheppard, II, PT, DPT
President, APTA Maryland

ATTACHMENTS

References:

1 Milliman Colorado Department of Public Health and the Environment (CDPHE) Report - Cost of Rehabilitation Services, October 28, 2015
2https://www.unitedhealthgroup.com/newsroom/2019/2019-10-29-uhc-benefit-low-back-pain.html#:~:text=MINNETONKA%2C%20Minn.%20%3A%20UnitedHealthcare%20has,invasive%20treatments%20and%20opioid%20prescriptions

ATTACHMENTS:

1. APTA Maryland research on Copays – Average Frequency of Physical Therapy by Condition
2. Letter of Support – Lauren Miller, PharmD

APTA Maryland Research on Fair Copays

Average Frequency of Physical Therapy by Condition

(February 2022)

Condition	Recommended Freq/Week	Average Duration	Impact & Goals	Co-Pay Range per Week ($20-$80)
Heart Failure	3–5 times/wk	8-12 Weeks	▪ reduce the risk of hospital admissions and readmissions ▪ increase quality of life ▪ improve prognosis ▪ reduce adverse events	▪ $60-$240 if 3 days ▪ $100-$400 if 5 days **Monthly:** $240-$960 (3 days/wk) $400-$1600 (5 days/wk)
ACL Injury	1-2 times/wk	8-24 Weeks	▪ restore knee function ▪ reduce swelling, ▪ restore mobility, ▪ regain range of motion ▪ Improve overall strength of the quadriceps and hamstring muscles	▪ $20-$80 if 1 day ▪ $40-$160 if 2 days **Monthly:** $80-$320 (1 day/wk) $160-$640 (2 days/wk)
Lymphedema	3-5 times/wk	6-12 weeks	▪ decrease swelling ▪ reduce risks of infection, ▪ reduce risk of hospitalization ▪ promote independence in the self-management of lymphedema including appropriate compression garments, ▪ improve functional mobility ▪ improve strength and range of motion	▪ $60-$240 if 3 days ▪ $100-$400 if 5 days **Monthly:** $240-$960 (3 days/wk) $400-$1600 (5 days/wk)
Spinal Cord Injury			▪ Maximizing recovery of motor function ▪ Improved ability and independence with functional activities and walking ▪ Minimizing risk of future injury/medical problems	
Stroke	**2-3 times/wk**	**12-24 months** *** For some stroke survivors, rehabilitation will be an ongoing process to maintain and refine skills for years after the stroke**	▪ **Improve and restore Walking speed** ▪ **Improve and restore walking distance** ▪ **Regain overall balance**	▪ **$40-$160 if 2 days** ▪ **$60-$240 if 3 days**

Post-Operative Surgery Physical Therapy - A vital part of recovery

Following surgery, bones, muscles, and soft tissues undergo a period of healing. Failure to use the joint may cause it to heal improperly. This can limit the range of motion, flexibility, function of the joint, and overall surgical outcome. PT post-surgery can also help manage pain levels without excessive use of prescription narcotics.

Delegate Shane Pendergrass, Chair
House Health and Government Operations Committee
Room 241
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Annapolis, MD 21401

Senator Delores Kelley, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Senator Cory McCray
221 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Delegate Nic Kipke
165 Lowe House Office Building
6 Bladen Street
Annapolis, MD 21401

February 20, 2022

Dear Senator Kelley and Delegate Pendergrass,

My name is Lauren Miller. I have been a licensed pharmacist in Maryland since 2019. I am writing in support of SB 725 and HB 974.

The Maryland Prescription Drug Monitoring Program (PDMP) was created to support providers and their patients in the safe and effective use of prescription drugs; namely controlled dangerous substances (CDS) that carry a higher risk of dependency and abuse. The PDMP is part of Maryland's response to the epidemic of opioid addiction and overdose deaths.

By law, pharmacists must be registered with the PDMP and are required to query and review patient PDMP data prior to dispensing any CDS drug if they have a reasonable belief that a patient is seeking the drug for any purpose other than the treatment of an existing medical condition. If there is reason to believe the drug is being potentially abused or diverted in some way, a PDMP query can help to reveal red flags such as dangerous drug combinations (e.g. opioids and benzodiazepines), geographical abnormalities in terms of patient residence, prescriber's address, and pharmacies used, as well as CDS being obtained from multiple prescribers.

Although I have recently changed jobs, my previous employer Walgreens required additional documentation as part of our corresponding responsibility as pharmacists, prior to the dispensing of any chronic pain medication. This documentation required the pharmacists to reach out to the prescribers to gather addition information such as diagnosis codes, drug and non-drug therapies that were tried and failed before opioids were initiated, whether a pain contract was in place, the results of drug testing (e.g. urine screens), treatment plan, as well

totaling patients' morphine milligram equivalents (numerical total of overall opioid use) and addressing any increases in this over time. Although I do not have exact data, from my conversations with prescribers' office's, I would estimate that in over 90% of cases, I was told pain medication was increased due to the patient not being able to afford continuing with physical therapy, and that due to expense this was considered a tried and failed option for them.

It is my belief that lowering the co-pays for physical therapy would help to reduce the need for opioid drugs, which in turn would lower patients' risk for drug abuse, dependency, and overdose death.

Sincerely,

Lauren M. Miller

Lauren M. Miller, PharmD

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