

Good afternoon Madame Chair and Committee Members,

Thank you for this opportunity to speak in support of SB 699. I am Dr. Linda Horn, and I have been a physical therapist for over 40 years. I am the Director for Government Relations for the American Physical Therapy Association Maryland. While I am a full-time faculty member at the University of Maryland Baltimore in the Doctor of Physical Therapy program, I also continue to treat adults who are at high risk of falling or have had a fall.

We are in the midst of the “silver tsunami” where 1 out of 6 adults in the United States are 65 and over according to the 2020 Census. According to the Centers for Disease Control, 1 in 4 older adults report falling in the last year (and this may be low as many are afraid to report this to their physician and/or family) and 112 adults die every day as a result of a fall. Research studies have shown that many falls can be prevented, and the key is to keep moving. Many older adults need physical therapy to help them safely exercise. Physical therapists can determine which muscles are weak, assess balance, decide the best exercises to do, and the need for an assistive device. It is better to evaluate and treat people BEFORE they fall, maybe in their 50’s and early 60’s or when they have chronic conditions.

However, there are barriers to patients being able to attend physical therapy. Most of my career has been spent treating individuals in Southwest Baltimore and they have shared with me that they are on a limited income and can’t afford to come to physical therapy more than 2-3 times – not a week, but total. And most of my patients need more physical therapy to reduce fall risk. In 2023, the American Physical Therapy Association released “The Economic Value of Physical Therapy in the United States” and the average net cost savings for fall prevention is \$2,144. If co-pays were lower, more patients may be able to access the amount of physical therapy they need. We chose the words ‘annual physical or wellness visit’ because there was opposition to the wording ‘primary care’ visit previously. While physical therapy is considered a specialist by insurers, we should be in a separate category outside of the physician category as we are not physicians. Physical therapy needs to be in a separate category and have a lower copay to improve access. We welcome the opportunity to discuss the actual copayment wording with the insurers. I respectfully ask that the committee gives a favorable report to SB 699.

References:

<https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>

<https://www.cdc.gov/steady/patient-resources/index.html>

The Economic Value of Physical Therapy in the United States, American Physical Therapy Association, 2023