

Good afternoon, Madame Chair and members of the committee.

Thank you for the opportunity to speak in support of Senate Bill 699 which simply intend that PT copays are no higher than primary care copays for the same condition.

I'm Dr. Roy Film, an orthopaedic PT with 30 years of experience, a resident of Catonsville, and former owner of a private PT practice in Ellicott City. I am the President of APTA Maryland and an assistant professor at the University of Maryland School of Medicine. My research focuses on how PT can mitigate prescription opioid addiction.

The cost-analysis study commissioned during the previous attempt in Maryland at passing similar legislation did not include a cost-avoidance analysis. In other words, it was not a cost-benefit analysis at all. By assuming zero downstream savings, it modeled a completely unrealistic fictional scenario. Thankfully, we have more data now. A large, multistate, outpatient PT claims-based analysis published last year showed that eliminating copays, not just reducing them, still led to lower use of imaging, injections, surgery, and physician services.¹

Since 2016, the CDC and the World Health Organization have recommended non-drug therapies, including PT, as first-line treatment for acute and chronic back pain. I've seen many times how patients who were scheduled for an elective orthopedic spine surgery were able to manage well enough with a supervised PT regimen that the surgeon canceled the surgery.

However, high PT copays create an artificial systemic barrier that drives people away from care – and this is intentional on the part of insurers. Without considering cost-avoidance, they are inadvertently driving patients away from cost-effective, evidence-based care. Unfortunately, these policies disproportionately impact families of lower financial means. These policies foster more chronic pain, more surgeries, more injections, more opioid use, and ultimately, more health inequity.

Lowering PT copays isn't "cherry picking". Physical therapy is evidence-based, cost-saving care. In over a dozen states that have enacted this type of legislation, we've seen no evidence of runaway utilization or cost shifting. It's time for us to finally catch up.

On behalf of thousands of physical therapists and all the Marylanders we serve, I respectfully urge a favorable report. Thank you for your time and consideration.

1. [Lentz TA, Lutz A, Ikeaba U, Alhanti B, George SZ, Cook C, et al. Episode of Care Characteristics Following Implementation of a No-Copay Physical Therapy Program for Musculoskeletal Conditions. Phys Ther.2025;105\(11\).](#) Descriptive claims-based analysis showing that a no-copay PT benefit was associated with lower use of advanced imaging, injections, surgery, and physician services compared to traditional pathways, informing benefit design and potential cost impact of lowering PT copays.