

BILL ANALYSIS

H.B. 1039
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Texas citizens currently do not have the choice to directly access the services of a physical therapist for treatment and instead must obtain a referral from another health care provider, which can result in unnecessary delays in the provision of care, higher costs, lower functional status, and increased hospitalizations. Interested parties cite physical therapists as key partners in the health care team, as they receive extensive education and clinical preparation and have collaborative relationships with physicians and other health care providers. The parties contend that in the many other states that currently afford their citizens the right to directly access physical therapy, the practice has proven to maintain and improve patient health, safety, and welfare. Industry experts such as the Healthcare Providers Service Organization, one of the country's largest providers of physical therapy professional liability insurance, have reported that they have found no statistical evidence of increased risk to patients or claims in the states that allow direct patient access.

Interested parties further assert that with the number of Texas counties that have been designated as health professional shortage areas, allowing direct access to physical therapists could help improve patient access to primary care, noting the military model for patient management that allows a physical therapist to assess individuals with injuries and disorders as an entry point into the health care system for troops and to provide appropriate care or refer the patient to another health care provider when necessary.

In addition, a recent study on the cost-effectiveness of direct access found that there were significant cost savings, appropriate utilization, and a lower number of patient visits when compared to referral-initiated physical therapy. Interested parties contend that direct access would not change current regulatory requirements that a physical therapist evaluate a patient before treatment to determine if physical therapy care is appropriate and what intervention would be most beneficial or to refer patients to other health care providers who would better meet their needs. H.B. 1039 seeks to make physical therapy a more effective and efficient way for Texans to access the health care they need and deserve by revising provisions regulating physical therapists.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the Texas Board of Physical Therapy Examiners in SECTION 1 of this bill.

ANALYSIS

H.B. 1039 amends the Occupations Code to remove provisions authorizing a physical therapist to treat a patient only for an injury or condition that was the subject of a prior referral and instead authorizes a physical therapist to treat a patient for an injury or condition that is within the physical therapist's scope of practice under statutory provisions governing the practice of physical therapy without a referral if the physical therapist has been licensed to practice physical therapy for at least one year, is covered by professional liability insurance in the minimum

amount required by Texas Board of Physical Therapy Examiners rule, and either possesses a doctoral degree in physical therapy from a program that is accredited by the Commission on Accreditation in Physical Therapy Education or an institution that is accredited by an agency or association recognized by the United States secretary of education, or has completed at least 30 hours of continuing competence activities in the area of differential diagnosis. The bill authorizes a physical therapist to treat a patient without a referral for not more than 20 treatment sessions or 45 consecutive calendar days, whichever occurs first, and requires the physical therapist to obtain a referral from a referring practitioner before the physical therapist may continue further treatment.

H.B. 1039 removes the authorization for the board to deny, suspend, or revoke a license or discipline a license holder for providing physical therapy to a person without a referral from a referring practitioner and instead authorizes the board to take such action against a license or license holder for providing care to a person outside the scope of the physical therapist's practice.

EFFECTIVE DATE

September 1, 2013.