



MARY FELZKOWSKI

STATE SENATOR • 12TH SENATE DISTRICT

SB 737 Testimony

Senator Mary Felzkowski
Senate Committee on Health
February 17, 2022 | 300 SE | 10:30 AM

Chairman Testin and Fellow Members of the Committee:

Thank you for allowing me to testify on Senate Bill 737, regarding Group Physical Therapy.

Group Physical Therapy allows patients the chance to learn and feed off of their peers and neighbors who are experiencing a similar route to rehabilitation. While offered as an option to the patient, Group Physical Therapy may also have positive impact in rural communities that have a harder time attracting physical therapists to their area.

Due to current administrative rules, Group Physical Therapy is not a covered service under the state Medicaid program. Therefore, anyone on Medicaid is required to only do one-on-one physical therapy sessions. In contrast, Group Physical Therapy is a covered service under the federal Medicare program. The current Medicare rate for Group Physical Therapy is drastically lower than the Medicaid reimbursement rate for a one-on-one session.

With the safe assumption that the Medicaid reimbursement rate would mirror the Medicare rate, Group Physical Therapy has the potential to offer the state cost savings on Medicaid patients, while simultaneously allowing them to work alongside others who are experiencing similar struggles, leading to more efficient outcomes.

Additionally, healthcare providers in rural areas will have the ability to see more Medicaid patients despite the workforce shortage of physical therapists.

Senate Bill 737 would limit the Group Physical Therapy sessions to ten patients receiving services from one or two physical therapists.

Thank you so much for allowing me to testify. I will not turn it over to Representative Kurtz.



TONY KURTZ

STATE REPRESENTATIVE • 50th ASSEMBLY DISTRICT

Senate Bill 737
Assembly Bill 765
Thursday, February 17, 2022
Senate Committee on Health

Thank you Chairman Testin and committee members for hearing Senate Bill 737 and Assembly Bill 765 today and listening to my testimony.

Group Physical Therapy creates a network of support and growth for individuals going through therapy. It also allows patients to give and receive support with one another and share their experiences, as well as increases patient's engagement and long term outcomes on their rehabilitation. Group Physical Therapy also allows physical therapists to see more patients at a time, increasing access to care. In rural areas like mine, we have a shortage of healthcare workers at every level and a high Medicaid patient population. Allowing providers to offer Group Physical Therapy to Medicaid patients will make a difference in so many rural communities.

Currently, Group Physical Therapy is not a covered service under the Medical Assistance program in the state. That means, anyone who is on Medicaid is required to receive physical therapy on a one-on-one service. This bars patients from experiencing group physical therapy and receiving the rewards of it. Yet, Group Physical Therapy is a covered service under the federal Medicare program. The current Medicare rate for Group Physical Therapy is also much lower than the Medicaid reimbursement rate for a one-on-one session.

Assuming that the Medicaid reimbursement rate would mirror the Medicare rate, Group Physical Therapy has the ability to offer the state cost savings on Medicaid patients, while also allowing them to work alongside others who are experiencing similar issues, increasing better patient outcomes.

This bill creates and modifies current administrative rules to require group physical therapy to be a covered service under the Medical Assistance program in the state. This will help patients work through their rehab and succeed with others going through the same treatment as they are as well as save the state money. This is a win for patients and for our state.



**Senate Committee on Health
Testimony provided by Kristen Ploc, MS PT
February 17, 2022,
RE: Support for SB737/AB765**

Good morning, Chairman Testin and members of the committee. Thank you for the opportunity to testify in support of Senate Bill 737 and Assembly Bill 765 related to Medicaid reimbursement for physical therapy provided to small groups of patients. My name is Kristen Ploc, and I am a physical therapist employed by UW Health. I'm also an active, engaged member of the American Physical Therapy Association (or APTA) as well as APTA Wisconsin, which is the state chapter of the APTA.

For several years at UW Health, we have successfully integrated the use of skilled physical therapy using patient groups for specific patient populations, especially patients recovering from total joint replacement surgery, which includes total knee replacements and total hip replacements. These group physical therapy sessions are led by licensed physical therapists.

Unfortunately, Medicaid does not cover skilled group physical therapy interventions, and Medicaid is the only third-party payer, to my knowledge, that does not cover such services, which is why I am here today. We contend Medicaid should allow physical therapy in a group setting as a covered benefit because it is an effective way to improve access, ensure great patient outcomes, and reduce costs.

Let's first consider our argument for improved access. Specifically, we improve access because group therapy allows us to see more patients within a defined timeframe. This is critically important as demand for hip and knee replacements remains high as does the follow-up rehabilitation that allows patients to return to work and daily life activities. At the same time, we ensure that care is individualized and appropriate to meet the unique needs of each patient. Each patient is reassessed by their primary physical therapist after approximately three weeks of group therapy to ensure the individual needs of each patient are being met. It's important to note that patients always have the right to forego group physical therapy as part of their plan of care if they prefer to be seen 1:1.

Turning our attention to patient outcomes, we have seen excellent results when using group physical therapy in the care of our patients. Since group sessions are an hour long, the patient is afforded more time for intermittent rest breaks while still being able to perform various strength, range of motion and balance exercises to promote independent functional mobility. Dialogue between the physical therapist and patients is promoted throughout the session, which helps facilitate greater motivation and learning. Furthermore, patients tell us they prefer group therapy in many instances. They say they enjoy the ability to have an open dialogue with each other to discuss various symptom management techniques and to validate their own concerns and symptoms. They also tend to be more compliant with home routines as they feel they are "held accountable" by the group. Additionally, the group environment allows for social interaction, which research consistently shows is beneficial for recovery. Patients frequently report the group environment is less stressful than individual sessions. Patients who have undergone multiple joint

replacements often state the group therapy setting is more effective and enjoyable than individual sessions. Patients with more recent surgery can more easily see their own rehab potential by seeing and interacting with other patients who are further along in the rehabilitation process ; and patients report increased confidence in their ability to move and perform various exercises as they see others who have undergone the same procedure at various stages of recovery completing the same exercises.

From a cost perspective, integrating group physical therapy into our treatment plan lowers costs for our patients and for the third-party payers who provide coverage as part of each patient's benefit plan. Here's an example: if we treat a patient individually for 30 minutes, Medicare pays \$62.82 for the patient visit. But if we treat a group of six patients for one hour, Medicare reimbursement is \$17.45 per patient per visit. That means Medicare pays *260% less* per patient for group therapy **and** we have not seen an increase in the number of overall visits with the use of group therapy so the total cost of care for the average patient is reduced. We expect similar results in the Medicaid program should group physical therapy be added as a covered benefit as outlined in SB737/AB765.

It is for these reasons I seek your support for SB737/AB765. Thank you for your consideration. I would be happy to answer any questions at this time.