NYPTA Written Testimony:
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Joint Senate Task Force on Opioids, Addiction and Overdose Prevention

Chairs: Senator Pete Harckham, Senator Gustavo Rivera, and Senator David Carlucci

Public Hearing: To hear from stakeholders on strategies for reducing overdoses, improving individual and community health, and addressing the harmful consequences of drug use

Place: Van Buren Hearing Room A, Legislative Office Building, 2nd Floor, Albany, NY 12247

Time: 11:00 A.M.

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Senators,

On behalf of our more than 7,000-member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy, the New York Physical Therapy Association (NYPTA) appreciates the opportunity to testify regarding reducing overdoses, reducing opioid exposure and improving both individual and community health.

Physical therapists are present across a variety of settings including hospitals, home care, long-term care and outpatient clinics treating a variety of musculoskeletal, neuromuscular, cardiovascular diseases, illness, and injuries. Subsequent a comprehensive clinical examination, a plan of care is developed by the doctorally-prepared physical therapist. Treatment interventions rendered are designed to prevent the disabling impact pain and injury can have on physical function. Therapists facilitate self-efficacy and empower patients through education and therapeutic exercise programs.

Over the past few years the chapter has studied the impact opioids have had on our communities. Our analysis has included the treatment for injured workers, opioid prescribing patterns, medical spending and PT provider adequacy across the state. During this time, therapists have met with fellow stakeholders including lawmakers, regulators and those in the recovery and substance use treatment areas to gain a greater perspective and appreciation for the challenges they face in addressing the opioid crisis. At the state chapter, we've taken note and commend the state on the specific efforts by NYS which include, but aren't limited to the;

- I-STOP and Naloxone Co-payment Assistance Program (N-CAP)
- DOH's Opioid Overdose Prevention Initiative & Pain Management Steering Committee
- OASAS's NYS Hopeline
- Medication Assisted Treatment (MAT) legislation for inmates, etc.

As noted in previous testimony from stakeholders the opioid crisis and impact on our state has been well documented. The role specific drug manufacturers had in promoting a pharmaceutical approach to pain led to a dramatic human toll. What has also been well documented is the financial impact on labor

force participation, where the late Alan B. Krueger's Brooking's Papers on Economic Activity illustrated that opioid prescribing patterns observed from 1999-2015 account for "43 percent of the observed decline in men's labor force participation during that same period, and 25 percent of the observed decline in women's labor force participation" (Kruger, 2018). Additional analysis by the American Action Forum estimates that as of 2015, 225,900 people were absent from New York's labor force due to opioids ultimately resulting in lost economic output of $179.4 billion dollars (Gitis, 2018).

In part, prescribing patterns were a result of an attempt in our healthcare system to make pain the fifth vital sign. While addressing pain was a noble intention and meant to lessen suffering, we've learned a valuable lesson. That being, a pharmacological first approach has far reaching, unintended consequences. An attempt to treat musculoskeletal pain passively, rather than treating the individual who has unique life experiences, preferences and health history is inadequate as pain is personal and multifaceted.

As our state moves towards addressing all aspects of the crisis, physical therapists have a role to play to reduce opioid utilization and the downstream impact addictive medications have on our communities. Musculoskeletal pain is very often too complex to simply treat with a pill. Pain is instead a unique experience that we all have at some point in our lives that, when appropriate, requires personalized care with skilled healthcare professionals.

Physical therapy is not one stand-alone intervention, but rather a service rendered by licensed professionals to those who need to function better in life. Therapeutic exercise and patient education prescribed by a PT are the primary methods an injured individual can develop self-efficacy. The patient-therapist relationship is one built on the development of a strong therapeutic alliance, where a trusting environment is established and the individual can receive treatment, challenge and ultimately reduce their pain. At NYPTA, we are advocating for a balanced approach to pain management, one where we consider all options for patients to ensure that both pharmacological and non-pharmacological options are available.

A growing body of clinical evidence shows where early access to physical therapist led care for low back pain results in a 90% reduction in short and long-term exposure to opioids (Frogner, 2018). Additional research studies have shown where seeing a PT can reduce the overall cost of care, and decrease the likelihood of surgery, imaging or injections (Childs, 2015). As consensus continues to build for physical therapists as front-line providers for musculoskeletal injuries, the need to bring public policy in line with modern clinical evidence necessitates legislative and regulatory changes.

Our legislative objectives seek to properly position the physical therapist in the healthcare continuum. This includes addressing consumer protections, provider adequacy, & patient access. NYPTA asserts that addressing the following specific areas are consistent with statewide efforts to reduce opioid use ;

- Firstly, improve access to physical therapist services by modernizing 'direct access' to physical therapist led care without restriction; eliminating the arbitrary 3-year experience, 10-visit/30-day limitation established in 2006. (S5460/A7443)
    - Since 2006, there have been no increased disciplinary complaints or increase in malpractice rates in New York (NYSED & HPSO, 2016).

- Since 2015, all physical therapist education programs, which are nationally accredited, graduate entry level practitioners with a doctoral degree (i.e. Doctorate in Physical Therapy).
- In addition to the mandatory 3-year, 36-hour continuing education requirement necessary to maintain active licensure, additional specialization through fellowship, residency & board certification is available to foster career development and further differential diagnosis skills.

- Secondly, reduce high physical therapy 'specialist' copayments to that of seeing one's primary care physician. (S3751/A405)
  - 'Specialist' copayments regularly exceed $50-$70/visit, often serving as 'all-pays' where there is no reimbursement by the insurer.
  - Patients often require multiple sessions per week over the course of several weeks, leading to an undue financial hardship & early discontinuation of care.
  - High copayments in addition to onerous prior authorization requirements lead to delays in care, health disparities & burdens on providers (Chevan, 2015, Kill, 2014).
  - Patients are 10-25% less likely to see a PT, rather than a primary care physician, if their copay is greater than $20 or deductible is greater than $300 (Kazis, 2019).

- Lastly, ensure adequacy of licensed physical therapy providers to meet the needs of injured workers by updating physical therapist assistants from certification status to licensure. (S4735/A3070)
  - Currently physical therapist assistants already pass the national licensure examination.
  - A lack of licensure leads to a provider shortage to those injured on the job.

In summary, our profession stands ready to meet the needs of our communities and your constituents. We believe these changes can assist in addressing the public health crisis of our time by reducing the medicalization of common conditions that opioid medications were historically prescribed to treat. At NYPTA, we are committed to be a profession capable of providing a biopsychosocial treatment approach to those in pain. Providing evidence-based care which is personalized and accounts for the individual's unique needs, concerns and history.

Thank you for taking the time to listen to our testimony. We greatly appreciate the opportunity to come before the committee. We look forward to answering any questions you may have regarding the information presented today.

Citations

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