



Physical Therapists and Access to Care: SB 5887

In 2018, the Legislature, in an overwhelming majority, passed a law (SB 6157) allowing patients to access the first six visits of care from a physical therapist, occupational therapist, speech-language pathologist, audiologist, chiropractor, massage therapist, and acupuncturist without prior authorization. That bill became effective in the summer of 2018.

However, since that law was enacted, insurers and their benefit managers have used semantics to avoid following the law. They have adjusted their policies and are now prohibiting, or delaying, patients' access to their benefits. For example:

- Patients are not being allowed to access their first six visits, thus delaying their needed care.
- Providers are being denied payment retroactively, after performing treatment for the first six visits. As a result, providers are absorbing the cost of these treatments that should be paid for by the insurer.

SB 5887 makes it clear that patients can receive up to six visits of rehabilitation services before a prior authorization can be required. SB 5887 clarifies that the referring or treating provider determines medical necessity for only the initial six visits, in a new episode of care. **Referrals are still in place, and benefit limits are not changed.** This bill restores the intent of legislator's action in 2018.

Since the end of the 2019 legislative session, stakeholders from both sides of this issue met to negotiate and came to agreement about the language in this bill. As a result, the 2020 version of this bill was passed almost unanimously by the Senate during the first week of the 2020 Legislative session! It will now be considered in the House.