

March 14, 2021

REPRESENTATIVE ROBIN WEISZ AND MEMBERS OF THE HOUSE HUMAN SERVICES COMMITTEE:

Good morning. My name is Chris Kraemer. I am a private practice owner and physical therapist practicing in Fargo, ND. I am the legislative chair for the American Physical Therapy Association - North Dakota. I am here today of behalf of this organization in support of SB 2148. This bill would add physical therapists to Workforce Safety and Insurance's list of health care providers.

This amendment would allow early access to PT which would:

1. **Significantly reduce health care costs**
2. **Improve Patient Outcomes**
3. **Improve Patient satisfaction**
4. **Reduce the dependence on costly/harmful treatment for patients contributing to the opioid epidemic.**

**Rising healthcare costs**

A study published in the Journal of Pain estimated the national cost of pain to be in the range of \$560-635 billion dollars. Common pain conditions such as arthritis, back pain, headache, and other musculoskeletal conditions result in \$61.2 billion in lower productivity for US workers. *Journal of the American Medical Association*. Back pain accounts for 10% of primary care physician visits and \$86 Billion in annual healthcare spending. *Spine, September 2009*. Access to physical therapy within 14 days of the onset of pain minimizes the average total cost of care by 50%.

**Improvement of Patient Outcomes:**

Physical therapy has been found to be effective for conditions including [meniscal tears and knee osteoarthritis](#), and [lumbar spinal stenosis](#). Physical therapists utilize non-invasive techniques such as:

**Exercise** - Studies have shown that people who exercise regularly experience less pain. PTs develop, administer, modify, and progress exercise prescriptions and programs to address poor conditioning, impaired strength, musculoskeletal imbalances, or deficiencies that may lead to pain. *Holth HS, Werpen HKB, Zwart J-A, Hagen K., BMC Musculoskelet Disord. 2008;9:159.*

**Manual therapy** – This involves hands-on manipulation of joints and soft tissue to modulate pain, reduce swelling and inflammation, and improve mobility. Research shows that manual therapy techniques are effective at reducing low back pain, discomfort associated with carpal tunnel syndrome, and other sources of pain.

**Stress management** - Interventions such as mindfulness, relaxation, visualization, and graded exposure to stress-producing events can help patients reduce pain and improve their functional capacities.

**Sleep hygiene** - Individuals with persistent pain often complain of sleep disturbances. Evidence has shown that sleep deprivation can increase sensitivity levels and contribute to increased stress and pain. PTs can help educate patients regarding appropriate sleep hygiene to help combat the vicious cycle of persistent pain. Finan PH, et al. Pain. 2013;14(12):1539-1552

**Pain neuroscience education** - Individuals who don't understand the mechanisms and contributors to their pain may be more likely to seek pharmacological treatment for that pain. Physical therapists can educate patients about modern pain science that highlights the processes involved in pain. The adage "know pain, know gain" can empower patients and provide hope and encouragement in their journey to overcome persistent pain.

### **Improvement of Patient Satisfaction:**

A [2014 study](#) suggests that patients who received physical therapy through direct access had a high level of satisfaction and better outcomes at discharge. This study also highlighted decreased costs with direct access group.

### **Reduction on the dependence on costly/harmful treatment for patients contributing to the perpetuation of the opioid epidemic:**

The U.S. Department of Health and Human Services (HHS) reports that patients with pain "face many systemic hurdles to appropriate care." Evidence suggests, "that wide variations in clinical practice, inadequate tailoring of pain therapies to individuals, and reliance on relatively ineffective and potentially high-risk treatments such as inappropriate prescribing of opioid analgesics...not only contribute to poor-quality care for people with pain, but also increase health care costs." That evidence, was the driving force behind recent recommendations by the U.S. Centers for Disease Control and Prevention (CDC) in its "Guideline for Prescribing Opioids for Chronic Pain." The CDC states that "Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain."

We respectfully request today, on behalf of the North Dakota Physical Therapy Association representing PT's across the state, to please give SB 2148 a DO PASS. Thank you for your time and consideration. I'd be happy to answer any questions you have.

Sincerely,

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