

Daniel Macera, PT, DPT

Senior Regional Director – PappasOPT Physical, Sports and Hand Therapy

In support of SB2468

Chairperson, members of the Senate,

Thank you for the opportunity to testify on behalf of SB2468. My name is Dan Macera, and I am a physical therapist with 12 years of clinical experience currently serving as Senior Regional Director at PappasOPT Physical, Sports and Hand Therapy, as well as treasurer of the American Physical Therapy Association (APTA) of RI.

The physical therapy profession has unique position in that we provide high patient outcomes at a low cost to the healthcare industry. An increasingly prevalent barrier to this opportunity is the increased financial burden placed on patients due to high copays, coinsurance and deductible payments. This impacts their access to our care, increasing the expenses for the patient, insurer and worsening the outcomes of their rehabilitation.

Research shows that more frequent physical therapy sessions in the first one to two weeks of rehabilitative care, especially for acute conditions, lead to fewer total visits, faster recovery, better outcomes, and less need for costly interventions like imaging or surgery. The most common barrier to a patient coming in two to three times per week is the cost of their copayment or coinsurance. For many patients, their out-of-pocket costs can be upwards of \$80 per visit, leading to an out-of-pocket expense of \$160 to \$240 per week. Despite advocating for the appropriate frequency, the patient will often opt to attend therapy one visit per week or one visit every two weeks, leading to poorer outcomes and higher expenses.

Another example I'd like to highlight is a current post-operative patient who is under my care. This patient underwent a labral repair procedure to his left shoulder after a dislocation. The patient is in his early 20s, works as a substitute teacher, and due to his \$80 out of pocket cost per visit, is only able to attend physical therapy one time per week. As a result, his shoulder is developing significant restrictions in range of motion, he has developed more post-operative pain and is making a much slower recovery when compared to expected prognosis and his post-operative protocol.

As entry-point providers, physical therapists are equipped with the tools to help address the primary care provider shortage in Rhode Island. We can effectively and safely screen our patients, refer to their primary care provider or a specialty provider when appropriate, and evaluate and treat patients that are appropriate for rehabilitative care, avoiding

unnecessary physician visits for simple musculoskeletal conditions and impairments. The increased financial burden on our patients is a barrier to reaching this potential, contributing to the statewide provider shortage and increasing the cost of healthcare.

Thank you for the opportunity to share this testimony. I would be happy to provide additional examples or answer any questions about how this legislation would benefit patients in our state.

Respectfully,

Dr. Daniel Macera, PT, DPT

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