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RE: Support for Senate Bill No. 2561 - Limiting Prior Authorization for Rehabilitative and Habilitative Services

Dear Chairwoman Murray and Health and Human Services Committee members,

I am writing to express my strong support for Senate Bill No. 2561, which would limit prior authorization requirements for rehabilitative and habilitative services, and prohibit prior authorization for the first 12 visits of a new episode of care, as well as for 90 days following a chronic pain diagnosis.

As an orthopedic surgeon with over 20 years' experience, the President and CEO of Ortho Rhode Island, and former Chief of Orthopedic Surgery at South County Hospital, I have witnessed firsthand the negative impact that prior authorization requirements have on patient care, healthcare costs, and administrative efficiency. The evidence supporting the elimination or limitation of prior authorization for physical therapy and related services is substantial and compelling:

Improved Access to Timely Care: Prior authorization creates significant delays in accessing necessary treatment. Research published in the Journal of Orthopaedic & Sports Physical Therapy (2018) shows that these delays are directly linked to worsened patient outcomes, including prolonged pain and disability. According to the American Physical Therapy Association (APTA), 30% of physical therapists report that prior authorization leads to patients either delaying or forgoing treatment entirely.

Cost-Effectiveness: Early intervention with physical therapy has been proven more cost-effective than relying on surgery, imaging, or long-term medication. A study in The Spine Journal (2019) found that patients who receive early physical therapy for lower back pain had 60% fewer healthcare costs than those who underwent more invasive procedures. By removing barriers to early rehabilitative care, Senate Bill No. 2561 would help reduce overall healthcare expenses.

Reduced Administrative Burden: Physical therapists currently spend an average of 9 hours per week dealing with prior authorization paperwork, according to a 2020 APTA survey. This represents valuable time that could be spent providing direct patient care. Across the U.S. healthcare system, prior authorization procedures cost an estimated \$23 billion annually (Health Affairs, 2019).

Addressing the Opioid Crisis: When patients experience delays in receiving physical therapy due to prior authorization requirements, they are more likely to receive opioid prescriptions for pain management (The Journal of Pain, 2020). By facilitating earlier access to non-pharmacologic treatments for pain, this bill aligns with CDC recommendations and would help reduce reliance on opioid medications.

Proven Success in Direct Access States: States that have implemented "direct access" laws allowing patients to see physical therapists without barriers have seen a 35% reduction in healthcare costs for musculoskeletal conditions (Health Services Research, 2020), along with improved clinical outcomes.

S 2561 represents a balanced approach by not eliminating prior authorization entirely, but rather limiting its application to where it is most necessary. By exempting the first 12 visits of a new episode of care and the first 90 days following a chronic pain diagnosis, this bill allows for timely intervention while maintaining appropriate oversight for extended treatment.

I respectfully urge you to support Senate Bill S 2561 and help remove unnecessary barriers to effective, cost-efficient rehabilitative care. This legislation will improve patient outcomes, reduce healthcare costs, decrease administrative waste, and help address the ongoing opioid crisis.

Thank you for your consideration of this important healthcare reform measure.

Sincerely,



Michael P. Bradley, MD, MBA, MS
President & CEO, Ortho Rhode Island