

September 21, 2017

United States Senate
Washington, DC 20510

Dear Senators:

On behalf of the Private Practice Section (PPS) of the American Physical Therapy Association (APTA), which represents over 4200 members nationwide, I write to share strong concerns we have regarding the content of the Graham-Cassidy proposal. Earlier this year we opposed health care reform proposals for similar reasons; this legislation gives us even greater pause.

PPS endeavors to foster the growth, economic viability, and business success of physical therapist-owned physical therapy services provided. PPS members deliver a valuable service to communities in all fifty states and they do so in a convenient, cost-effective manner. As community-based providers, PPS members serve patients whose care is covered by Medicare, Medicaid, the Veterans Administration, as well as private insurance.

The Graham-Cassidy legislation's drastic cuts to Medicaid as well as the elimination of cost-sharing subsidies and tax credits to be replaced by block grants to states would put the more than 70 million Americans who rely on Medicaid and the individual market at risk for reduced quality of coverage—or even more bleakly—without coverage at all. PPS fundamentally opposes allowing states to waive the ACA's federal requirement that insurance companies include essential health benefits (EHBs)—which include the habilitative and rehabilitative care that physical therapists provide—in the insurance plans they offer. Eroding the EHBs would allow for the sale of “insurance” that would not cover crucial healthcare needs of enrollees.

We are deeply troubled that guaranteed protections for people with preexisting medical conditions will be eliminated. We object to states obtaining waivers that would allow insurance companies to increase premiums for these people, a practice which is prohibited under current law. While insurers would likely still offer insurance plans to people with pre-existing conditions, PPS anticipates that unaffordable premiums are likely and could also limit coverage options. Under this scenario, a chronic or life-threatening illness or simply an accident could quickly become a financial catastrophe.

PPS is shocked that the Senate is considering a vote on a bill which has not yet received a full assessment by the Congressional Budget Office. Without a score, Congress is unable to determine the impact of the proposed legislation. However, it is clear that under Graham-Cassidy, tens of millions of Americans would lose their insurance coverage or the ability to pay for coverage they are currently ensured access to. This would come in many forms: states unable to maintain their expanded Medicaid coverage, the elimination of cost-sharing subsidies the federal government currently pays to insurance companies to lower the cost of some plans on the individual insurance markets, as well as protections against stark premium increases due to the increased age-ratings and reduced protections for those with pre-existing conditions.

Finally, PPS strongly encourages the Senate to employ regular order in its pursuit of the repeal and replacement of the ACA. A pro-forma hearing is insufficient; instead there should be full committee hearings and mark-ups where committee members from both parties could discuss the content and offer amendments. This would also allow for stakeholder input, which is fundamentally important for the development of quality policy that responds to the needs of the American people.

As we have all along, PPS is eager to continue to work with Congress to ensure access to affordable, quality healthcare to all Americans, regardless of their age, health status, or economic limitations.

Sincerely,



Terrence Brown, PT, DPT
President, Private Practice Section of APTA