



United States House of Representatives
House Energy & Commerce Committee
Subcommittee on Health

Hearing on "The Long Haul: Forging a Path Through the Lingering
Effects of Covid-19."

April 28, 2021

Statement of the American Physical Therapy Association

Chairwoman Eshoo, Ranking Member Guthrie, and Members of the House Energy & Commerce Subcommittee on Health:

On behalf of our 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to provide a statement for the record on the subcommittee's hearing "The Long Haul: Forging a Path Through the Lingering Effects of Covid-19." APTA is dedicated to building a community that advances the physical therapy profession to improve the health of society. As experts in rehabilitation, prehabilitation, and habilitation, physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span — helping individuals improve overall health and prevent the need for avoidable health care services. Physical therapists' roles include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

The Role of Physical Therapy for Patients With Long-Term COVID-19 Symptoms

Early in the pandemic physical therapists and physical therapist assistants provided cardiopulmonary therapy to patients with COVID-19, as well as early mobilization of patients on ventilators to decrease the risk of ICU-acquired weakness (the muscle weakness that develops during an ICU stay that is present in at least 33% of all patients on ventilators) and rehabilitation for patients who were post-ICU who had limitations in strength and function. As we have seen, a percentage of people hospitalized develop post-acute sequelae of SARS-CoV-2 infections, or PASC, and physical therapists and physical therapist assistants are now working with those patients to improve their function and long-term recovery.

The effect of PASC is far-reaching, including cognitive, neurological, cardiac, vascular, muscular, and respiratory issues, which limit function and participation in daily living skills.¹ The impact on quality of life may persist for several weeks or months after acute infection. Symptoms, and their severity, vary from person to person, and include but are not limited to:

- Depression or anxiety.
- Fast or pounding heartbeat.
- Fatigue.
- Headache.
- Memory issues.
- Muscle and joint pain.
- Mobility and functional limitations.
- Poor endurance.
- Muscle weakness.

Physical therapists and physical therapist assistants have been working with patients who have PASC by providing therapy services that improve a client's strength, stamina, endurance, functional capacity, and cardiopulmonary function.²

¹ The effects of COVID-19 on lung morphology, lung function, respiratory symptoms, fatigue, functional capacity, activity limitations, and quality of life may persist for several weeks after acute infection: A systemic review of the literature.

² Physical therapist management of an individual with post-COVID syndrome: A case report (<https://doi.org/10.1093/ptj/pzab098>).

Charting a Path Forward With a National Plan

This is a critical time to act to address the health of the individual and ensure our path to recovery as a country. PASC has significant and growing ramifications on our health systems and economy. An incomplete response has the potential to exacerbate the opioid crisis and racial and ethnic health disparities. This will require national leadership, a multidisciplinary approach, and collaboration across the health community. APTA believes that Congress should work with the Biden administration in the establishment of a national plan to address the needs of the growing number of individuals with long-haul COVID-19 symptoms. The plan should consist of three major principles needed for a crisis response:

1. Resources to build necessary rehabilitation infrastructure to meet the needs of those with PASC. Such infrastructure should include expanding access to therapy services.
2. Equitable access to care for patients with PASC and addressing inequities in our health care system that result in diminished and limited access to sustainable quality PASC care due to race, ethnicity, neighborhood or geographic location, socioeconomic factors, and disability status.
3. Funding for research that advances medical understanding of PASC and evidence-based management strategies — such research must be inclusive of all populations, including people with disabilities and underlying health conditions.

Recently, APTA [joined](#) the American Academy of Physical Medicine and Rehabilitation in [calling on President Biden](#) and his administration to establish such a national plan.

Building an Equitable Therapy Infrastructure To Address PASC

To help build the rehabilitation infrastructure needed to meet the needs of those with PASC, including recruitment of a diverse therapy workforce that will assist in addressing health inequities, APTA recommends the following:

1. **Improve access to rehabilitation for patients with COVID-19 at community health centers.** Many patients recovering from the coronavirus face a long and difficult road to recovery. The lasting postacute impact of the virus on many patients' cardiopulmonary systems, as well as muscle weakness due to hospitalization, will require extensive rehabilitation to assist with their long-term recovery. Ensuring that patients have access to medically necessary rehabilitation, particularly Medicare and Medicaid beneficiaries, will be critical in the months ahead. During the 116th Congress, Rep. Ron Kind and Rep. Jackie Walorski introduced the Primary Health Services Enhancement Act (H.R. 5693), bipartisan legislation that would expand patient access to essential physical therapy services to children and adults who receive care at rural health clinics and federally qualified health centers, also known as community health centers. These community health centers provide primary health services to more than 29 million people in over 12,000 rural and urban communities across America, including nearly 3 million Medicare beneficiaries and one in five Medicaid beneficiaries. These facilities provide a lifeline to communities in need of essential health services whose barriers to health care include cost, lack of insurance, distance, and language. Presently, these facilities offer a range of health services, including access to physicians, advanced practice nurses, dentists, clinical laboratories, emergency medical services, and behavioral health services. However, community health centers are restricted in how physical therapy services are provided and reimbursed. The Primary Health Services Enhancement Act is anticipated to be reintroduced soon in the 117th Congress and would address this problem by allowing physical therapists to provide care to patients in these facilities and bill Medicare and Medicaid for the benefits covered by their plans.
2. **Expand the physical therapy workforce in rural and underserved areas.** In the 116th Congress,

Rep. Diana DeGette introduced H.R. 2802, the Physical Therapist Workforce and Patient Access Act, which would allow physical therapists to participate in the National Health Service Corps Loan Repayment Program. Currently there is no rehabilitative care component in NHSC, and physical therapists are not eligible to participate in the program. NHSC addresses the health needs of more than 11.4 million underserved individuals across the nation. The program allows for the placement of certain health care professionals in areas designated as a health care professional shortage area, or HPSA. NHSC has not only served as a pipeline for providers in underserved areas but has successfully retained many of its providers. For example, in 2018 nearly 80% continued to practice in an HPSA for at least one year after their service commitment ended. Including physical therapists in the NHSC Loan Repayment Program will improve functional outcomes and save costs by increasing access to critical rehabilitation services. Adding physical therapists to NHSC also will ensure that individuals in underserved communities have access to necessary therapy services for the treatment of PASC.

3. **Address health inequities by ensuring a diverse therapy workforce.** According to a United States Government Accountability Office study, a more diverse health care workforce is important because minority groups disproportionately live in areas with health care provider shortages, and patients who receive care from members of their own racial and ethnic background tend to have better outcomes. APTA is committed to ensuring that we are recruiting providers who reflect the diversity of the patient populations we serve to help address health inequities. In the 116th Congress, Rep. Bobby Rush and Rep. Cathy McMorris Rodgers introduced the Allied Health Workforce Diversity Act (H.R. 3637) that would create student scholarships or stipends for individuals underrepresented in the professions of physical therapy, occupational therapy, audiology, respiratory therapy, and speech-language pathology, including racial and ethnic minorities and those from disadvantaged backgrounds. The Allied Health Workforce Diversity Act is expected to be introduced in the 117th Congress in the near future; if enacted, it would boost the number of minorities in the health profession workforce and correct the underrepresentation in these fields.

Conclusion

We appreciate the opportunity to provide the subcommittee with our perspective on the role of physical therapy and long-haul COVID-19 recovery. Physical therapists and physical therapist assistants help people with impairments and challenges maximize their quality of life. People with PASC need our expertise and care; APTA stands ready to collaborate with Congress, and our health professional colleagues to promote their recovery. Should you have any questions, please do not hesitate to contact David Scala, APTA congressional affairs senior specialist, at davidscala@apta.org. Thank you for your consideration.