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Physical Therapy: Direct Access vs. Referred Access

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Introduction

Senate Bill 144, which would eliminate Michigan's physician referral requirement for accessing physical therapy services for more than 10 sessions, passed the Senate on April 22 with bipartisan support. By eliminating a referral requirement, Michigan would transition from a system of limited direct access, in which a physician generally must refer a patient to a physical therapist, to a system called direct access, in which a patient could access a physical therapist without a physician's referral. Below is an overview of the current system of limited direct, or "referred", access to physical therapists, Senate Bill 144's proposal for direct access, and research concerning each system's impact on Michigan residents.

Current Law & Senate Bill 144's Proposed Changes

Generally, under Michigan law, a patient who wishes to receive treatment from a physical therapist must be referred by a physician. However, a Michigan physical therapist or a physical therapist assistant may engage in the treatment of a patient without a referral under either of the following circumstances:

-- For 21 days or 10 treatments, whichever first occurs; however, a physical therapist must determine that the patient's condition requires physical therapy before delegating physical therapy interventions to a physical therapist assistant.
-- The patient is seeking physical therapy services to prevent injury or promote fitness.

Generally, Senate Bill 144 would do the following:

-- Expand the legal scope of practice of physical therapy and delete limitations on the length of time and specified purposes for which a physical therapist could practice on a patient who did not have a referral.
-- Require a physical therapist to refer a patient to an appropriate healthcare professional if the patient did not show reasonable response to treatment within 60 days of initiating physical therapy care or if other health complications occurred during treatment.
-- Require a physical therapist to inform a healthcare professional of the plan for care if the patient initially identified a primary health care professional.
-- Require a physical therapist who was treating a patient without a referral from a health care professional to inform the patient of the patient's potential financial liability for receiving physical therapy services without the referral.

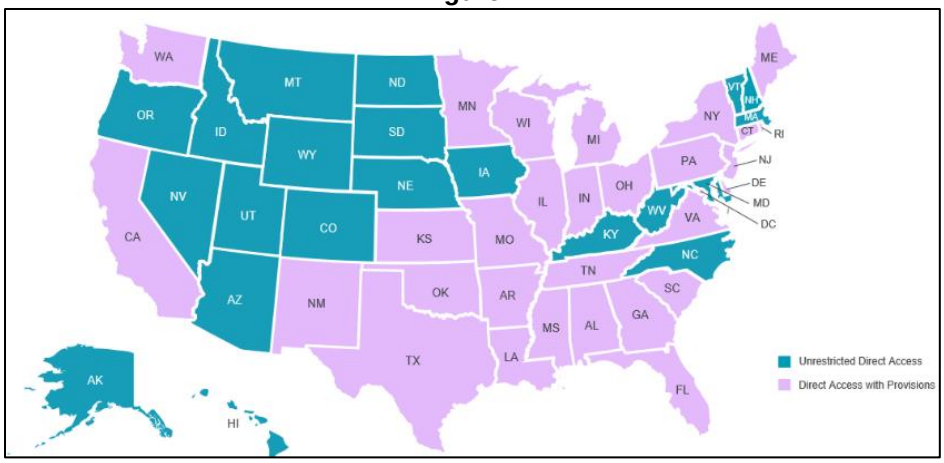
Direct Access versus Limited Direct Access

Advocates for a system of direct access to physical therapists contend that direct access saves the patient money, improves the ability of patients to access immediate care, reduces the utilization of specialty services (such as imaging, procedures, and medications), reduces the risk of long-term opioid use, and is no less appropriate than seeing a physician first.[1] Current literature supports the use of direct access to physical therapy for musculoskeletal care. Many researchers conclude that direct access to physical therapy is on par with referred access in its ability to deliver quality health outcomes and keep patients safe, but that direct access to physical therapy is superior to referred access in its ability to save the patient and medical system money and to satisfy

[1] "Direct Access to Physical Therapy in Michigan: Removing Barriers to Accessing Care", American Physical Therapy Association of Michigan. Retrieved on May 27, 2025.

the patient.[2] Specifically, direct access to physical therapy saves costs by reducing the use of medical imaging and reducing medication use.[3] In addition, many researchers conclude that it likely would be advantageous to have direct access to physical therapists to bolster America's healthcare workforce, as the United States is anticipated to have a shortage of 20,200 to 40,400 primary care physicians by 2036.[4] Physical therapists could reduce demand for primary care physicians by absorbing patients with musculoskeletal issues before they see a physician. Currently, 21 states have direct access provisions while 29 states have referred access provisions, as illustrated by Figure 1.

Figure 1



Source: The American Physical Therapy Association

Meanwhile, those who advocate for referred access to physical therapists have argued that requiring a physician referral after 10 visits or 21 days is important for protecting a patient's medical safety because allowing physical therapists to make medical diagnoses in place of a physician would increase the likelihood of a misdiagnosis.[5] Many researchers also conclude that the positive effects of direct access to physical therapists would be unavailable for many patients whose insurance providers require a physician's referral to be eligible for coverage. This likely would limit the impact of the bill to only those individuals who were insured by providers that cover direct access to physical therapy services; however, Health Providers Service Organization (HPSO), the leading carrier of professional liability insurance for physical therapists in the United States, stated, "Direct access is not a risk factor that we specifically screen for in the underwriting of our program nor do we charge a premium differential for physical therapists in direct access states. We currently have no specific underwriting concerns with respect to direct access for physical therapists."[6] This could indicate a trend among insurance providers to allow direct access for physical therapists based on private risk assessment.

Conclusion

Direct access for physical therapists is becoming more common in states across the US. Some research indicates that direct access to physical therapy services likely would benefit patients whose insurance providers cover these provisions by saving costs for patients, saving costs for the medical system, improving patient satisfaction, and helping the healthcare industry with workforce concerns, while seemingly providing no discernable difference in patient safety. Senate Bill 144 could bring these benefits to Michigan. However, Senate Bill 144 does not contain a requirement for insurers to cover direct access to physical therapists, so the impact of Senate Bill 144's provisions likely would be felt only by patients whose insurers covered direct access to physical therapists. Further, others advocate for continuing referred access to mitigate the likelihood of a misdiagnosis.

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[2] Galotti, Marco, *et al.*, "Effectiveness and Consequences of Direct Access in Physiotherapy: A Systematic Review", *MDPI Journal of Clinical Medicine*, September 2023.

[3] Cattrysse, Erik, *et al.*, "Impact of direct access on the quality of primary care musculoskeletal physiotherapy: a scoping review from a patient, provider, and societal perspective", *Archives of Physiotherapy*, July 2024.

[4] Dall, Tim, et al, "The Complexities of Physician Supply and Demand: Projections from 2021 to 2036", *American Association of Medical Colleges*, March 2024.

[5] Senate Committee on Health Policy, 10-2-2024.

[6] "Improving Direct Access at the State Level", American Physical Therapy Association. Retrieved on May 27, 2025.