

Physical Therapist Workforce and Patient Access Act (H.R. 5621)



Position

The American Physical Therapy Association supports the Physical Therapist Workforce and Patient Access Act (H.R. 5621). This bipartisan legislation would increase the physical therapist workforce in rural and medically underserved areas by adding physical therapists to the National Health Service Corps, or NHSC, and expand access to PT services for children and adults in federal community health centers. H.R. 5621 was introduced by Reps. Diana DeGette, D-Colo, and Morgan Griffith, R-Va.

Background

Many areas throughout the United States are experiencing a dire shortage of health care providers.

Patients in rural and medically underserved areas often lack access to essential health care. According to the Bureau of Health Workforce, an estimated 75 million people live in regions with limited availability of primary care and services, including physical therapy.¹ Research published by APTA in March 2025 predicts that there will be a continued shortage of physical therapists through 2037 given the increasing patient demand. Researchers found that over the next 12 years, there will be 22.9% fewer PTs available to patients. Contributing factors include administrative burdens imposed by insurance companies and public health programs, declining reimbursement rates, student debt, and more.²

The Physical Therapist Workforce and Patient Access Act would enact two critical steps to support the physical therapist workforce:

First, H.R. 5621 would add PTs to the list of eligible providers under the National Health Service Corps Loan Repayment Program, which is effective at recruiting and retaining certain medical providers to practice in rural and underserved regions. Administered by the Health Resources and Services Administration, or HRSA, NHSC provides financial incentives for providers to work in health professional shortage areas, or HPSAs. NHSC participants who serve at least two years in approved HRSAs may qualify for limited loan repayment. NHSC has proven to be highly successful.

According to data from the Congressional Research Service, more than 80% of providers who serve in the NHSC program choose to continue practicing in the HPSA for a year after their service commitment, and about half of them remain in the HPSA for 10 years.³

Currently, participation in NHSC is limited to physicians, physician assistants, dentists, nurse practitioners, nurse midwives, and behavioral/mental health providers. NHSC currently lacks a rehabilitative care component, which could greatly enhance the continuum of care.

Second, H.R. 5621 would provide more options for CHCs in how they provide physical therapist services. More than half of NHSC participants provide care in federal community health centers. CHCs provide health services to approximately 32.5 million patients. However, CHCs are restricted in how PT services are provided and reimbursed. H.R. 5621 would address this limitation by allowing PTs to provide care for patients in CHCs and bill Medicare and Medicaid for the benefits covered by their plans. H.R. 5621 does not mandate physical therapy in CHCs, but gives them flexibility to offer physical therapist services to children and adults when needed.

H.R. 5621 would also help our nation's health care system address the opioid crisis. Opioid-based pain treatments can mask physical issues, delay recovery, and in some cases, lead to serious harm. H.R. 5621 will ensure that patients in rural and underserved areas have increased access to nonpharmacological options for the prevention, treatment, and management of pain, such as physical therapy.

This bill is endorsed by the National Association of Community Health Centers, the National Rural Health Association, and the National Association of Rural Health Clinics.

We urge Congress to support H.R. 5621 — adding PTs as eligible providers in NHSC and expanding CHC flexibility will be critical in addressing health care workforce shortages and improving health outcomes in rural and medically underserved areas.

¹ <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf>

² <https://www.apta.org/apta-and-you/news-publications/reports/2025/apta-supply-demand-forecast-2022-2037>

³ <https://sgp.fas.org/crs/misc/R44970.pdf>

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

PTs and PTAs provide services to people in a variety of settings, including outpatient clinics or offices; hospitals; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; community centers; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

The Economic Value of Physical Therapy in the United States

A September 2023 report from the American Physical Therapy Association outlines the cost-effectiveness and economic value of physical therapist services for a broad range of common conditions. "The Economic Value of Physical Therapy in the United States" reinforces the importance of physical therapists and physical therapist assistants in improving patient outcomes and decreasing downstream costs. Policymakers should use this report to inform legislative and regulatory efforts for health care delivery and payment under Medicare, Medicaid, and commercial payers. **Review the findings at [ValueofPT.com](https://www.valueofpt.com).**

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

American Physical Therapy Association

The American Physical Therapy Association is a national organization representing 100,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



Co-sponsor H.R. 5621 today!

For more information and contact info for APTA Government Affairs staff, scan here or visit [apta.org/position-paper](https://www.apta.org/position-paper).

