

States Handling Access to Reciprocity for Employment Act, or SHARE Act (H.R. 2332 / S. 1101)



Position

The American Physical Therapy Association supports the States Handling Access to Reciprocity for Employment Act (H.R. 2332 / S. 1101). This legislation would ensure that required federal background checks are completed so physical therapists and physical therapist assistants can participate in the state Physical Therapy Compact. This legislation will enable PTs and PTAs to obtain PT Compact privileges, which will allow them to provide critical physical therapy care for patients in multiple states. H.R. 2332/S. 1101 was introduced by Reps. Tracey Mann, R-Kan., and Joe Neguse, D-Colo., and Sens. Marsha Blackburn, R-Tenn., and Peter Welch, D-Vt.

Background

Professional interstate compacts are entities consisting of state licensing bodies that facilitate the ability of licensed professionals to provide their services in multiple states without having to complete the time-consuming and costly effort to become licensed in every jurisdiction. In many professions, licensed professionals may apply to a compact where states will recognize the professional's state credentials and enable that professional to practice in additional states. Compacts often result in reducing the administrative burdens on licensed professionals while increasing services and options to consumers. Many medical providers, including PTs, have established a compact to allow providers — once they have been granted compact privileges — to work in multiple states. This is especially important in helping to address the medical provider shortage in many rural and underserved areas.

The PT Compact allows eligible PTs and PTAs the ability to practice in states in addition to the ones where the PT or PTA is currently licensed. Member states will recognize the state licensure and credentials of a PT or PTA and allow them to practice in other compact member states. Of the 36 states that are members of the PT Compact, 31 states are currently active. As of mid-March 2025, 6 other states have legislation pending to authorize PT Compact membership.

Participation in the Compact

Before a compact member state can become an active compact state, it must require that all applicants for initial licensure as a PT and PTA complete a criminal background check conducted by both state law enforcement and the FBI, with the results of the check delivered to the state physical therapy licensing board to be used in making a licensure determination. Since not all physical therapy licensing boards already had the FBI criminal background check requirement in place, those boards are experiencing significant delays in the FBI reviewing their application for an Originating Agency Identifier, which is needed before the board can require FBI criminal background checks. An ORI is a federal code assigned to an agency or person enabling such entities to request and receive federal background check information.

In recent years, the FBI has delayed reviewing the ORI application, and additionally, it recently has been rejecting ORI applications, even though the statutory language is substantially similar to language adopted a few years ago by other state boards, whose ORI applications were approved in a timely manner by the FBI.

The SHARE Act would require the FBI to expeditiously process the requested background checks and deliver the resulting information to the state licensing boards. State licensing entities would be permitted only to share with the compact that an applicant for licensure has completed the required criminal background check. No other information, including any findings in the criminal background check would be shared with the compact. This would enable these member states to become active compact states, which will expedite the ability of PTs and PTAs to provide their services to patients in need of physical rehabilitation through use of the PT Compact.

Support the SHARE Act

We urge Congress to support the SHARE Act, which will increase the number of medical providers in rural and underserved areas.

This bill is endorsed by APTA, the American Occupational Therapy Association, the National Council of State Boards of Nursing, the American Speech-Language-Hearing Association, the National Rural Health Association, the Physical Therapy Compact Commission, the Federation of State Boards of Physical Therapy, and the the Federation of State Medical Boards.

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 more than 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. 2332 / S. 1101 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).

