March 27, 2020

Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Ave., S.W.
Washington, DC 20201

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave., S.W.
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the work of the U.S. Department of Health and Human Services and Centers for Medicare and Medicaid Services to date to combat the spread of COVID-19. The coronavirus pandemic demands that health care policy makers, payers, and providers reconsider how care is delivered to reduce the risk of further spreading infection. With intensifying concerns surrounding the COVID-19 pandemic, access to telehealth has become of paramount importance to ensure the safety of patients and their providers. APTA urges HHS and CMS to take immediate steps to ensure patient safety and protect health care providers by using authority granted to it under Social Security Act 1135(b)(8) to expand the types of providers eligible to furnish telehealth services under Medicare to include physical therapists and physical therapist assistants during the COVID-19 public health emergency.

Beneficiaries should not be forced to choose between compromising their health by forgoing care or compromising their health by exposing themselves to unnecessary risk of COVID-19, especially considering the delivery of physical therapy services via telehealth has been proven to be safe, effective, and widely implemented beyond the Medicare system. It is critical that patients have the ability to receive care at home to avoid placing themselves at greater risk of the virus. While we must address the crisis, we must also ensure the continued delivery of health care unrelated to COVID-19. Therapy interventions, accessed early and without administrative barriers, are safe and decrease downstream health care resource utilization.¹

Physical therapists can use telehealth as a supplement to in-person therapy to treat a variety of conditions prevalent in the Medicare population, including Alzheimer’s disease, arthritis, cognitive/neurological/vestibular disorders, multiple sclerosis, musculoskeletal conditions, Parkinson disease, pelvic floor dysfunction, and sarcopenia.

Examples of physical therapists using telehealth technologies include the following:
- Physical therapists use telehealth to provide quicker screening, assessment, and referrals that improve care coordination.
- Physical therapists provide interventions using telehealth by observing how patients move and perform exercises and activities. Physical therapists then provide verbal and visual instructions and cues to modify how patients perform various activities. They also may change the environment to encourage more optimal outcomes.
- Physical therapists provide consultative services by working with other physical therapists, physical therapist assistants, and other health care providers to share expertise in specific movement-related activities to optimize the patient’s participation.
- Physical therapists use telehealth for quick check-ins with established patients, for which a full in-person visit may not be necessary.

APTA has compiled research studies on telehealth and testimonials from APTA members on how they have balanced in-person and telehealth visits.

While the federal government has initiated modifications of some Medicare, Medicaid, and CHIP requirements under 1135 waivers, HHS explains that those exceptions only go so far: states still hold the cards when it comes to much of what providers can and cannot do as part of the response to the pandemic. HHS is calling on states to take “immediate actions” to relax laws and regulations that HHS thinks could get in the way of effective health care responses to the COVID-19 pandemic. The recommended actions include licensure exemptions and disciplinary moratoriums, waiver of telemedicine practice prohibitions, relaxation of scope-of-practice requirements, and easing of malpractice liability. In a March 24 letter to U.S. state governors, HHS Secretary Alexander Azar wrote that the requests are being made “to carry out a whole-America response to the COVID-19 pandemic,” adding that “your help is needed to ensure health professionals maximize their scopes of practice and are able to travel across state lines or provide telemedicine to their communities or where they are needed most.”

In light of COVID-19, even prior to the issuance of such guidance, approximately 15 states have already mandated coverage of physical therapy by the plans regulated by such states, with more states expanding coverage each day; we also are starting to see additional states offering guidance on physical therapy practitioners using telehealth during the current crisis. While states continue to take monumental steps to ensuring that individuals continue to have access to health care, it is critical that HHS and CMS take additional action to relax the regulations governing Medicare coverage of telehealth furnished by physical therapy practitioners under the 1135 waiver authority granted to it by Congress in the CARES Act signed into law on March 27, 2020.

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Physical therapists often describe telehealth as a “game changer” that provides access to their services in remote, particularly rural, areas. Telehealth improves access to physical therapy for patients who have mobility issues. Telehealth is also a great way to get specialists and sub-specialists into communities that would otherwise lack access. Telehealth has been shown to improve access to care for rural populations, as well as outcomes for a variety of health problems, including PTSD, chronic pain, stroke recovery, and joint replacement.

The Department of Veterans Affairs has shown numerous successful outcomes for telehealth, improving access to medical specialists for veterans who visit community outpatient clinics far removed from the nearest VA Medical Center. The VA found telehealth yielded significant per-patient cost savings over traditional methods of care delivery. Improved outcomes can lead to long-term cost savings. Proper application of telerehabilitation can have a dramatic impact on improving care by reducing negative consequences and costs of care, and ensuring access to specialized care in geographic areas that face difficulties in maintaining and staffing full-service hospitals.

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth is a valuable resource for physical therapists and physical therapist assistants in expanding their reach to meet the needs of patients when and where those needs arise, particularly in light of the COVID-19 pandemic. **Medicare beneficiaries would benefit from lifting many of the current restrictions on telehealth services, including who can provide telehealth and where these services can take place.** Such reforms would provide greater flexibility to providers and patients and increase access to care, especially to those living in rural or medically underserved areas or individuals living with impaired mobility. Not only will modifying current payment policy and expanding coverage to include the delivery of telehealth by physical therapists be a boon to beneficiaries during this health care crisis, but it also will lead to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and quality of life, particularly in rural and underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate medical care.

Accordingly, APTA urges CMS to quickly broaden access to Medicare telehealth services under 1135(b)(8) waiver authority so that beneficiaries can receive medically necessary health care services from physical therapists and physical therapist assistants. If you would like additional information, please contact Kara Gainer, director of regulatory affairs, at karagainer@apta.org. Thank you for your consideration.

Sincerely,

Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President

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2 [https://www.research.va.gov/topics/healthcare_delivery.cfm](https://www.research.va.gov/topics/healthcare_delivery.cfm).