April 6, 2020

Seema Verma

Administrator

Centers for Medicare and Medicaid Services

200 Independence Ave., S.W.

ATTN: CMS-1744-IFC

Washington, DC 20201

**RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency [CMS-1744-IFC]**

Dear Administrator Verma:

I appreciate the opportunity to provide comments to the Centers for Medicare and Medicaid Services in response to the Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency interim final rule with comment period (IFC). 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.

Although the March 30, 2020 CMS IFC adds some of the physical medicine and rehabilitation codes to the list of services covered under the Medicare Physician Fee Schedule when furnished as telehealth, CMS did not expand the types of providers eligible to furnish telehealth. 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. **Accordingly,** **I urge CMS 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), as amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to issue a blanket waiver 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.**

It is critical that all Medicare beneficiaries have the ability to receive care at home to avoid placing themselves at greater risk of the virus. 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 that the delivery of physical therapy services via telehealth has been proven to be safe, effective, and widely implemented beyond the Medicare system.

**Currently therapists are facing resistance to in-person visits for patients receiving home health services, due social distancing and fear of COVID-19 transmission. This population of elderly individuals are susceptible to deterioration or decline in their mobility and self-care abilities without continued interventions provided by the skilled therapist. Such a deterioration or decline could result in higher acuity care needs, driving these patients do physicians, emergency departments and re-hospitalizations, taxing an already extended system, and utilizing critical resources that can and should be focused on counteracting COVID-19.**

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 the patient moves and performs exercises and activities. They then provide verbal and visual instructions and cues to modify how the patient performs various activities. They also may change the environment to encourage more optimal outcomes.
* Additionally, 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, where a full in-person visit may not be necessary.

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 therapists and physical therapist assistants under the 1135 waiver authority granted to it by Congress in the CARES Act signed into law on March 27, 2020.**

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth would be 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, I urge CMS to quickly broaden coverage of Medicare telehealth services by issuing a blanket waiver under 1135(b)(8) waiver authority, amended by the CARES Act, so that beneficiaries can receive health care services from physical therapists and physical therapist assistants.**

Thank you for your consideration.

Sincerely,

**Diana L. Kornetti, PT, MA, HCS-D, HCS-C**

**President, Home Health Section of the APTA**