



**ASHA**  
American  
Speech-Language-Hearing  
Association



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 the American Occupational Therapy Association (AOTA), American Physical Therapy Association (APTA), and American Speech-Language-Hearing Association (ASHA), we appreciate the work of the U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) 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. Accordingly, AOTA, APTA, and ASHA **strongly urge 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), as amended by the CARES Act, to expand the types of providers eligible to furnish telehealth services under Medicare to include audiologists, occupational therapy practitioners, physical therapy practitioners, and speech-language pathologists 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 therapy services via telehealth has been proven to be safe, effective, and widely implemented beyond the Medicare system.<sup>1</sup> 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.

Occupational therapy practitioners, physical therapy practitioners, and speech-language pathologists 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 therapy practitioners using telehealth technologies include the following:

- Physical therapy practitioners use telehealth to provide quicker screening, assessment, and referrals that improve care coordination.

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<sup>1</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Craghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

- Physical therapy practitioners provide interventions using telehealth by observing how patients move and perform exercises and activities. Physical therapy practitioners 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 therapy practitioners use telehealth for quick check-ins with established patients, for which a full in-person visit may not be necessary.

Examples of occupational therapy practitioners using telehealth technologies include the following:

- Occupational therapy practitioners use telehealth technologies in four models of care: evaluation, intervention, consultation, and monitoring.
- Occupational therapy practitioners provide interventions using telehealth to pediatric patients focusing on a gross motor activity, a visual-motor, a fine-motor activity, and a handwriting activity.
- Occupational therapy practitioners can use telehealth technologies to provide educational programming and targeted interventions to promote independent living skills (e.g., management of one's home, time, money, medication); behavioral health (e.g., assertiveness, self-awareness, interpersonal and social skills, stress management, identification of leisure and avocational pursuits); employment (e.g., job coaching, recommendations for environmental adaptations and accommodations); and occupational performance in activities of daily living.
- Occupational therapy practitioners remotely monitor their clients' occupational performance and provide recommendations for environmental modifications and adaptive equipment.
- Occupational therapy practitioners conduct home safety evaluations, preadmission consultation for patients undergoing total hip and total knee replacement, and to facilitate support groups for people with chronic conditions.
- Occupational therapy practitioners use telehealth for targeted clinical check-ins with established patients, for which a comprehensive in-person visit may not be necessary.

Examples of audiologists using telehealth technologies include the following:

- Audiologists use telehealth technologies to provide aural rehabilitation.
- Audiologists can perform cochlear implant fitting via telehealth technologies.
- Audiologists can perform hearing aid fitting via telehealth technologies.
- Audiologists use telehealth technologies to provide infant and pediatric hearing screenings.
- Audiologists use telehealth technologies to provide pure-tone audiometry.
- Audiologists use telehealth technologies to perform speech-in-noise testing.
- Audiologists use telehealth technologies to perform video otoscopy.

Telepractice is being used in the assessment and treatment of a wide range of speech and language disorders, including the following:

- Aphasia
- Articulation disorders
- Autism
- Dysarthria
- Dysphagia

- Fluency disorders
- Language and cognitive disorders
- Neurodevelopmental disabilities
- Voice disorders

In light of COVID-19, approximately 15 states have already mandated coverage of occupational therapy, physical therapy, audiology, and speech-language pathology by the plans regulated in such states, with more states expanding coverage each day; we also are witnessing states offering guidance on therapy practitioners using telehealth during the current crisis in relation to their state practice acts.

While states continue to take monumental steps to ensuring individuals continue to have access to health care, it also is critical that **HHS and CMS take additional action to relax the regulations governing Medicare coverage of telehealth furnished by occupational therapy practitioners, physical therapy practitioners, audiologists, and speech-language pathologists under the 1135 waiver authority granted to it by Congress in the CARES Act signed into law on March 27, 2020.**

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.

In many ways, occupational therapy is a perfect match for telehealth technologies that enable completion of one of the key aspects of occupational therapy: defining and enabling function within a specific context and environment, such as a patient's home. Occupational therapy interventions delivered via telehealth can assist patients regain, develop, and build functional independence in everyday life activities to significantly enhance a Medicare beneficiary's quality of life.

Computer-based clinical applications are common in audiology today. For example, telepractitioners frequently use computer peripherals—such as audiometers, hearing aid systems, and auditory brainstem response (ABR), otoacoustic emissions (OAEs), and immittance testing equipment—that can be interfaced to existing telepractice networks. Manufacturers are now promoting equipment with synchronous or store-and-forward capabilities.

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth is a valuable resource for therapists 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 occupational therapy practitioners, physical therapy practitioners, audiologists, and speech-language pathologists 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, AOTA, APTA, and ASHA urge CMS to quickly broaden coverage for Medicare telehealth services under CARES Act 1135(b)(8) waiver authority so that beneficiaries can receive medically necessary health care services from occupational therapy practitioners, physical therapy practitioners, audiologists, and speech-language pathologists.** If you would like additional information, please contact Sharmila Sandhu, AOTA's Vice President of Regulatory Affairs, at [ssandhu@aota.org](mailto:ssandhu@aota.org), Kara Gainer, APTA's director of regulatory affairs, at [karagainer@apta.org](mailto:karagainer@apta.org), and Sarah Warren, ASHA's director of Medicare policy, at [swarren@asha.org](mailto:swarren@asha.org).

Thank you for your consideration.

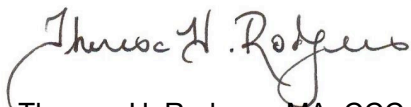
Sincerely,



Wendy C. Hildenbrand, PhD, MPH, OTR/L, FAOTA  
AOTA President



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