



March 26<sup>th</sup> 2020

Dear Governor Holcomb:

I am writing to you as the President of the Indiana Chapter of the American Physical Therapy Association and on behalf of thousands of physical therapists and physical therapist assistants in the state of Indiana.

The COVID-19 pandemic demands that health care providers and payers reconsider how care is delivered to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers.

In a March 24 letter to U.S. state governors, the U.S. Department of Health and Human Services 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.

While the federal government has initiated modifications of some Medicare, Medicaid, and CHiP requirements under so-called [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 can't do as part of the response to the pandemic. That's why HHS is urging states to take action.

Patients, as well as their physical therapy providers, are being put at risk while seeking or providing health care services during the COVID-19 pandemic. Unfortunately, most federal and state actions that are increasing access to telehealth have been limited to physicians and does not consider the numerous other health care providers who can safely and effectively provide necessary medical care via telehealth. In 2016 in Indiana, HB1263 was passed where telemedicine was described as a mechanism by which physicians, physician assistants, advanced practice nurses and optometrists can provide care. We as physical therapists are not asking to be allowed provide telemedicine, but rather telehealth. We currently do not have the ability to provide telehealth services in accordance with the Indiana Physical Therapy Statute.

Physical therapist interventions delivered through an electronic or digital medium has the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy treatment, in that it generally requires multiple sessions per week, makes it well-suited to telehealth, because it can overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, impaired mobility, and — especially important now — risk of exposure that threatens patients and providers. Education and home exercise programs, including those focused on falls prevention, also function particularly well with telehealth. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact with a physical therapist in their own environment when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

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.

### **Recommendation**

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. Indiana residents would benefit from lifting many of the current restrictions on telehealth services, including who can provide telehealth and where these services can take place.

See below from the March 24 letter to governors from HHS:

**Telemedicine provisions** - States should "waive statutes and regulations mandating telehealth modalities and/or practice standards not necessary for the application standard of care to establish a patient-provider relationship, diagnose, and deliver treatment recommendations utilizing telehealth technologies."

**Scope-of-practice waivers.** HHS calls for easing scope-of-practice restrictions around supervision, collaboration, and disciplinary enforcement.

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. Modifying current payment policy and expanding coverage to include the delivery of telehealth by physical therapists 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.

Yesterday, Arizona passed an Executive Order (attached to this email) allowing physical therapists and other rehabilitation specialists the ability to provide telehealth. From communication with the Indiana Occupational Therapy Association, I know that obtaining the ability to perform telehealth would also allow them to care for their patients.

Patient care has always been specific to the individual, with the physical therapist assessing a person's needs relative to their goals. Thus, physical therapists have a responsibility to review [CDC guidance](#), to understand who is at highest risk and how to best reduce exposure, and to use their professional judgment in the best interests of their patients and clients and their local communities — including [rescheduling nonurgent care](#) if that is the best approach, or making other adjustments when the risk of exposure to COVID-19 outweighs the benefits of immediate treatment.

We understand are also encouraging our members and patients to practice social distancing by [avoiding large social gatherings](#). At the same time, we know that our profession plays a crucial role in the health of our society, and there are people in our communities whose health will be significantly impacted by disruptions to care.

If you have any questions or would like to contact me, I can be reached at 765-215-4122 or [slavene@uindy.edu](mailto:slavene@uindy.edu).

Thank you for your consideration.

Sincerely,



Emily Slaven, PT, PhD

President, Indiana Chapter of the American Physical Therapy Association