APTA Template for Patients:
Maintaining Telehealth Policies

Use this template to advocate to private payers, Medicare Advantage, and Medicaid (both fee for service and MCOs) for continued coverage of telehealth furnished by PTs and PTAs post Stage 1 of the COVID-19 crisis. Insert your individual information where indicated. As a reminder, your comments represent only you and your situation; they should not imply representation of APTA.

**REMINDER**: Delete all text above, including these instructions, before sharing with patient/consumer.

[DATE]

[NAME/TITLE OF PAYER ADDRESSEE]

[ADDRESS OF PAYER]

**RE: Maintaining Access to Telehealth Post COVID-19**

Dear [TITLE/LAST NAME]:

**As an (enrolled member, employee) of [Payer Name/Payer Program/Employer Name] I respectfully request the permanent adoption of payment policies implemented during the COVID-19 public health emergency to ensure my continued access to my physical therapist and physical therapist assistant via telehealth.**

Physical therapy is an important aspect of my recovery, and an interruption in services due to an inability to see my physical therapist face-to-face for any reason is something I want and need to avoid.

Although this has been a difficult situation, and I temporarily did not have access to physical therapy, the implementation of care via telehealth had a significant impact on my well-being. Knowing that my progress would not be compromised and that I could still receive the valuable care provided by my physical therapist gave me a higher level of confidence and security. I also realized that being able to connect with my physical therapist from my own environment when I faced an unanticipated challenge ensured that I could keep moving forward without delays.

Having experienced the positive impact of telehealth physical therapy, I strongly encourage **[Payer Name/Payer Program]** to support its members by making this benefit a permanent one.

While physical therapy via telehealth would not meet all of my needs, it does provide a valuable resource that can serve to enhance my care and progress.

The permanent adoption of policies allowing physical therapists and physical therapist assistants to use telehealth will provide me with greater flexibility and increase access to care when I need it and in situations when I am unable to get to the physical therapy clinic.

If you have any questions or would like to contact me, I can be reached at [PHONE] or [EMAIL].

Thank you for your consideration.

Sincerely,
[YOUR NAME]