

Background

During the COVID-19 Public Health Emergency (PHE), Congress implemented telehealth flexibilities to ensure continued patient access to care. These policies expanded access for Medicare beneficiaries, especially those in Long-Term Post-Acute Care (LTPAC) settings and rural areas, by allowing therapists to provide remote rehabilitation services when in-person care was not possible. Without telehealth, patients in many communities face limited or no access to rehabilitation therapy due to clinician shortages. This was shown when government funding lapsed after the September 30 deadline. The telehealth authority ended, and many Medicare beneficiaries lost access to care. Congress should permanently authorize telehealth to prevent future lapses and protect consistent access to care for Medicare beneficiaries.

Recent Legislation

On February 3, 2026, Congress passed H.R. 7148, the *Consolidated Appropriations Act, 2026*, extending telehealth services until December 31, 2027. This extension allows:

- Medicare beneficiaries to receive telehealth services without geographic or site restrictions, including at home.
- All eligible Medicare providers – including rehabilitation therapists – to continue delivering telehealth services across various care settings.

The Case for Permanent Telehealth Legislation

Patient Access to Care Must be Uninterrupted

- Millions of Medicare beneficiaries, particularly in LTPAC settings, depend on telehealth for managing chronic conditions, accessing specialty care, and avoiding unnecessary hospitalizations.
- According to a 2024 [ASPE federal study](#), telehealth has played a vital role in addressing healthcare access disparities, particularly for those in rural and underserved areas. The ASPE Issue Brief, “explored the number of Medicare beneficiaries receiving telerehabilitation PT and OT services in outpatient therapy clinics and in nursing homes.” It highlights the significant increase of telehealth usage among Medicare beneficiaries during the PHE.
- ADVION data indicates that while the vast majority of therapy services are provided in person, the telehealth authority is significantly needed in areas where few or no therapists are located in order to provide an evaluation via telehealth. Treatment can only commence after an evaluation. Further data shows that services provided using telehealth are at least equal in quality to in person services.

Ask Congress

Support a permanent extension of the Telehealth Authority

AND

Support H.R. 1614, which would make OTs, PTs, SLP, and audiologists permanent Medicare telehealth providers

Key Facts

The December 2024 ASPE study found the number of Medicare beneficiaries receiving FFS telerehabilitation PT and OT services from nursing homes grew from 25 in 2019 to 13,958 in 2020, nearly 560-fold. The number of Medicare FFS beneficiaries receiving

Clinicians interviewed in the ASPE study indicated that telerehabilitation services resulted in similar patient outcomes as in-person therapy – showcasing its effectiveness

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Workforce Challenges Require Lasting Solutions

- Clinician shortages persist, and telehealth serves as a critical tool in extending provider reach.
- Clinician burnout is at alarming levels, and permanent telehealth policies would help alleviate pressure by improving workflow efficiency.
- ASPE research indicates that telehealth has helped mitigate workforce shortages by enabling providers to deliver care more efficiently, reducing strain on in-person services.

Economic & Operational Stability

- Telehealth reduces healthcare costs by preventing avoidable ER visits and minimizing transportation barriers for patients.
- Providers need certainty in reimbursement policies to invest in long-term telehealth infrastructure.
- The ASPE study suggests that telehealth adoption has contributed to cost savings across multiple healthcare sectors, reinforcing its financial viability as a long-term solution.

Call to Action

While the recent extension is a positive step, Congress must act to establish permanent telehealth policies. Key priorities include:

- **Removing Geographic & Site Restrictions** – Permanently allow Medicare beneficiaries to receive telehealth services at home or any location.
- **Expanding Eligible Telehealth Providers** – Ensure that physical therapists, occupational therapists, speech-language pathologists, and audiologists remain eligible to provide telehealth services – provided in H.R. 1614.

Bills Introduced for Telehealth

A step that Congress can take right now, specifically in the House of Representatives, is **to support H.R. 1614**, which would make occupational therapy practitioners (OTPs), physical therapists, speech language pathologists, and audiologists permanent Medicare telehealth providers. A step the Senate could take is to introduce a Senate companion bill to H.R. 1614.

In addition, ADVION has endorsed H.R. 4206/S. 1261, the *Connect for Health Act of 2025*, which would establish a permanent framework for many Medicare telehealth flexibilities.

However, this legislation alone would not automatically extend telehealth authority to rehabilitation therapists. Instead, it would grant the Secretary of Health and Human Services discretion to consider waivers allowing therapists and other practitioners to furnish services via telehealth. While an important step forward, discretionary authority does not provide continuous authority for therapists.