**Sample Media Placement for a Coalition**

As patient advocates, our organizations help patients suffering from disabling and life-threatening diseases who require ongoing treatment and care. During the Covid-19 pandemic, we have provided education to communities at risk, helped patients navigate the health system to access needed care, and we continue to support patients with their emotional and mental health needs during these difficult times.

An important “silver lining" to the pandemic has been the quick expansion in remote health services such as telemedicine, home delivery of medicines, and home medicine infusions. This has allowed many patients to access necessary health care services from the relative safety of their homes and helped limit exposure to the coronavirus and Covid-19.

As we emerge from the worst of the pandemic, there will be a temptation to ignore or deprioritize remote health access services once patient demand for in-person services rebounds. It may also be difficult for a health system with more limited resources than before to invest in expanding such services. But we lose an important opportunity if we choose to ignore continued expansion.

We need our policy makers to send the right signals for continued public and private investments in remote health access services. We need all health stakeholders-the government, legislators, physicians, and patientsâ€”to work together now on setting the right balance. When implemented thoughtfully, remote health services are more convenient for physicians and patients, can help increase access to medical specialists where there are few, can lead to better treatment adherence, can be a catalyst for modernizing information systems and health data infrastructure, and can help alleviate the heavy burden of clinic and hospital crowding.

Remote health services can also help us reach and maintain greater national rates of universal health coverage and ensure more citizens are able to exercise their constitutional right to health more effectively with fewer access barriers.

Civil society patient advocacy organizations such as ours are well positioned to collaborate on expanding remote health access programs. We can help educate patients with specific diseases or conditions on what to expect from telehealth consultations or to prepare adequately for home medicine infusions. We can help evaluate and monitor remote services for quality and greater efficiency, and/or to ensure these services do not become a new pathway for fraud or abuse. Our associations can also help advise on improving and expanding digital solutions for patients and citizens to complete health care-related transactions online or by phone.

Our associations are also interested in finding ways to ensure telehealth and other services do not exacerbate health inequities. There is a significant "digital divide" where certain populations such as the aging and/or those with fewer economic means have less access than others to the technology and equipment needed to access remote services. As we seek to expand remote health offerings, together we need to make sure even the most vulnerable among us can access those services.

Finally, now is the time to work together on expanding remote health services precisely because of the difficult economic times we face, potentially for several years to come. When people who get sick begin to prioritize their jobs and limited resources over their immediate health needs, remote health access can help alleviate some of this difficulty.