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February 3, 2020

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The Honorable Gus Bilirakis
2227 Rayburn House Office Building
Washington, DC 20515

Dear Representative Bilirakis:

On behalf of the American Psychiatric Association (APA), the national medical specialty association representing over 38,500 psychiatric physicians, I want to thank you for your leadership in introducing the *Enhance Access to Support Essential Behavioral Health Services Act* (H.R. 5473) to expand patients' access to telepsychiatry. It is a critical time to expand access to telepsychiatry given the ongoing opioid epidemic and suicide crisis, and your bill is an important step in bridging the gap for patients who may require mental health treatment but are currently reluctant or unable to access it.

Telepsychiatry is an effective and evidence-based method of improving access to mental health and substance use disorder treatment, particularly for underserved patients and communities. Accordingly, while APA supported the limited expansion of Medicare telehealth coverage through the 2018 opioid legislation (P.L. 115-271, the SUPPORT for Patients and Communities Act) for substance use disorders and co-occurring mental health disorders, APA urges the expansion of telepsychiatry to allow all patients seeking treatment for a standalone mental health disorder the choice to receive such treatment via telehealth, regardless of whether the patient has a primary diagnosis of substance use disorder.

A growing body of evidence¹ demonstrates that psychiatric care provided via telemedicine is at least as effective as in-person psychiatric services. There are some patient populations—such as patients with autism spectrum diagnoses, severe anxiety disorders, or geriatric patients with physical limitations—who may prefer and benefit from telepsychiatry, compared to its in-person counterpart. Telepsychiatry can also help mitigate the impact of stigma often associated with seeking in-person treatment for certain diagnoses, such as mental health or substance use disorders. Telepsychiatry is also instrumental in carrying out new and innovative models of care² that seek to integrate mental health professionals into health care treatment teams.

¹ See, e.g., Hilty DM, Ferrer DC, Parish MB, et al., "The Effectiveness of Telemental health: A 2013 Review," *Telemed J E Health* 2013;(19):444-454, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/>.

² See, e.g., Adaji A and Fortney J, "Telepsychiatry in Integrated Care Settings", *FOCUS* 15 (3), July 1 2017, available at: <https://focus.psychiatryonline.org/doi/10.1176/appi.focus.20170007>.

Additionally, telepsychiatry expands mental health treatment to patients living in rural areas where the closest mental health professional may not practice within a reasonable driving distance, whose full-time jobs prevent them from attending midday appointments, and who live in “transportation deserts,” where public transit options are limited or burdensome. Utilizing telepsychiatry, mental health professionals will also be better able to meet the mental health needs of socially isolated patients, including those who are housebound or incarcerated and would otherwise go without needed care.³ Because telepsychiatry can connect a broader array of patients seeking mental health treatment to qualified mental health professionals, telepsychiatry can result in improved overall patient outcomes, including shorter hospitalizations and improved medication adherence.⁴ Aside from its impact on patients’ overall well-being and quality of life, telepsychiatry also has the ability to increase access to care in a highly cost-effective manner.⁵

APA also appreciates that Section 4 of your bill broadens guidance to state Medicaid programs required under the SUPPORT Act (P.L. 115-271) to include guidance on coverage of mental health and behavioral health disorder treatment furnished via telehealth. While all 50 states and the District of Columbia reimburse for some form of live video telehealth services, state Medicaid programs impose an array of coverage conditions and limitations that inhibit the full potential of telepsychiatry to expand access to mental health services.⁶ For example, only 19 state Medicaid reimbursement programs reimburse for telehealth services provided from the patient’s home, and only 14 Medicaid programs reimburse for telehealth provided by a “store-and-forward” system. “Store-and-forward” interactions between telehealth providers increase access to care that does not require the bandwidth necessary for a live video transmission, and also is quickly becoming an essential piece of many integrated care models, where providers can consult with psychiatrists at a distance. We hope that the guidance required under your bill will encourage states to lessen these unnecessary barriers to telepsychiatry.

Thank you for your leadership in introducing H.R. 5473. Please let us know how we can aid your efforts to advance this critical piece of legislation. If you have any questions, please contact Mike Troubh at mtroubh@psych.org / 202.559.3571.


³ See Linda M. Richmond, “Telehealth Improves Psychiatry’s Reach, But Barriers Delay Adoption,” *PsychNews* Aug. 31 2019, available at: <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.9a15>.

⁴ See Hilty at FN1.

⁵ See, e.g., Waugh, Voyles, and Thomas (2015), “Telepsychiatry: Benefits and Costs in a Changing Healthcare Environment,” *International Review of Psychology*, 27(6), available at: <https://www.ncbi.nlm.nih.gov/pubmed/26586193>.

⁶ Center for Connected Health Policy, “Infographic, State Telehealth Laws and Reimbursement Policies, Fall 2019” (October 2019), available at: <https://www.cchpca.org/sites/default/files/2019-10/50%20STATE%20INFOGRAPH%20FALL%202019%20FINAL.pdf>.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin" followed by "MD, MPA" in smaller letters. There is a horizontal line under the name "Saul".

Saul Levin, MD, MPA, FRCP-E, FRCPsych
CEO and Medical Director