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**Testimony of the
American Psychiatric Association**

**On
April 28, 2021**

**Submitted for the record to the
U.S. House of Representatives Ways and Means Committee**

**In reference to the
HELP SUBCOMMITTEE HEARING:**

Charting the Path Forward for Telehealth

Chairman Doggett, Ranking Member Nunes, and distinguished members of the Health Subcommittee of the House Ways and Means Committee, thank you for the opportunity to submit testimony for the record on behalf of the over 37,400 psychiatrists of the American Psychiatric Association (APA) for your April 28, 2021 hearing entitled “*Charting the Path Forward on Telehealth.*”

The APA is dedicated to providing our physician members with education and training on the most modern evidence-based treatments to diagnose and treat patients with mental illness and substance use disorders (SUD). The APA and our members are focused on ensuring humane care and effective treatment for all persons with mental illness and SUD and are actively engaged in pursuing policies that affect our patients’ access to quality care. In our statement, we want to highlight data and policies related to the access of mental health and SUD care via telepsychiatry.

During the COVID-19 pandemic, swift actions by Congress and the Administration have allowed many of our psychiatrists to transition from seeing most patients in person to delivering much of their psychiatric care via telepsychiatry. We have both Congress and the current and previous Administrations to thank for the lifting of geographic and site of service restrictions, including allowing patients to be seen in their homes, and allowing the use of clinically appropriate audio-only for telehealth when a patient lacks the technology, ability or the bandwidth for video. These flexibilities allowed during the COVID-19 Public Health Emergency have enabled large numbers of patients, including vulnerable and underserved populations to receive care while also remaining compliant with physical distancing requirements that minimize the spread of COVID-19.

Towards the beginning of the pandemic, preliminary survey data from almost 600 of our APA physicians showed that both they and their patients were generally satisfied or happy with the new virtual delivery system and that appointment no-show rates declined significantly. The percentage of psychiatrists who reported that all their patients kept their appointments increased from 9% to 32% from prior to the public health emergency to 2 months after their state declared an emergency due to COVID-19. In conjunction, about 85% of respondents to our member telehealth survey said that patients who were seen for the first time via telehealth were either somewhat satisfied or satisfied. The decrease in “no shows” and increase in patient satisfaction is consistent with nearly a decade of research that supports the use of telehealth.

APA conducted a follow-up survey of the same members in January 2021. While many of the trends observed during our first survey remained consistent with the second survey—especially with respect to patient satisfaction—APA was able to gain some additional insight into how psychiatrists are using telehealth to connect with their patients as a result of the pandemic. In total, members are still seeing between 76 – 100% of their patient caseload via telehealth. When connecting via telehealth, 98% of those who responded said that they have been using live audio-video technology to connect with patients; **however** 76% are relying on audio-only telehealth to connect with some of their patients, underscoring the need to maintain audio-only care as a treatment option. This is a matter of health equity, as many patients either many not have access to the technology required to use live audio-video technology, may be in an area lacking broadband internet connectivity, or may be unable to use, or unfamiliar with video technology for other reasons.

Nearly all respondents to our second APA telepsychiatry survey indicated that, when using telehealth, their patients were located in their homes or a location of their preference (~95%). In addition, the survey found that 84% of psychiatrists also reported having taken on new patients via telehealth since the public

health emergency declaration, in part because they were not required to complete an in-person physical examination prior to having a telehealth appointment.

The results from these two surveys are encouraging because in general, when patients keep their first appointment, they are more likely to keep subsequent appointments, and when patients are satisfied with treatment, they are more likely to continue with their course of therapy. Research also suggests that adherence to regular telepsychiatry appointments results in better medication compliance, fewer visits to the emergency department, fewer patient admissions to inpatient units, fewer subsequent readmissions and lower costs to the health care system.

During the pandemic we witnessed a transformation of services being delivered via telehealth. As more individuals receive vaccines and the country slowly begins to return to “normal,” we are increasingly worried about what will happen to the current telehealth delivery model once the public health emergency declaration is lifted. Further, during the pandemic patients have become more comfortable and satisfied with care, and clinicians have enhanced their capabilities to provide telehealth including by making investments into electronic health systems. **APA agrees that telehealth should not replace in-person services; it should amplify and enhance access to needed services when clinically appropriate.**

We encourage Congress to extend the current telehealth flexibilities beyond the current public health emergency to avoid an abrupt halt and disruption to the access and delivery of MH/SUD services via telehealth. As such, the **APA recommends extending current telehealth flexibilities and encourages the implementation of several other long-term policies to ensure that patients can continue to access the care that they need.**

Prior to the COVID-19 pandemic, SUD and co-occurring MH services were exempt from geographic and site of service restrictions under Medicare, but mental health treatment services alone were not. At the end of 2020, Congress took the important step of permanently waiving these restrictions for mental health, but required patients receiving care via telehealth to have an in-person evaluation with their mental health provider within the six-month period prior to their first telehealth visit and at subsequent periods as required by the Secretary. **This requirement has not been applied to those with substance use disorders or co-occurring substance use disorders and mental health conditions** who see their clinicians via telehealth. **The APA recommends that Congress permanently remove the six month in-person requirement** given that it creates barriers to care for patients in a variety of situations, for example, including for those in rural areas, seniors who are confined to their homes, patients with conditions that prevent them from being vaccinated for COVID-19, patients with a lack of transportation options, and so on.

In addition, as underscored by our survey results, **it is vital that psychiatrists be able to continue to conduct telepsychiatry appointments via audio-only delivery when it is in the best interest of the patient, clinically appropriate, and at the discretion of the psychiatrist.** The option for audio-only appointments during the public health emergency has allowed our psychiatrists to reach some of the most vulnerable, underserved populations who do not have access to affordable, reliable broadband or lack the access, knowledge or ability necessary to use video technology.

The APA also recommends that Congress continue all telehealth flexibilities for at least one year beyond the public health emergency and study the impact that telehealth has had on access to care and quality of care during the pandemic. The APA looks forward to working together with the Subcommittee on Health, the full Ways and Means Committee, and our colleagues across the mental

health community to ensure continued, equitable access to MH/SUD services via telehealth during and beyond the public health emergency. We hope the subcommittee will consider the APA a resource on telehealth and the many other important issues impacting behavioral health.