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Dear House and Senate Leadership:

The American Psychiatric Association (APA), the national medical specialty society representing more than 38,800 physician psychiatrists who treat mental health and substance use disorders, is writing in response to the Centers for Disease Control's (CDC) announcement that a new coronavirus, COVID-19, has been detected in the United States population, and that it is now community spread. As physician leaders in mental health care, the APA recommends that any supplemental package passed by Congress includes provisions to lift restrictions on the use of telehealth.

During epidemics, the public's response is typically informed by the ways in which the government and the media communicate the degree of threat posed by the illness (e.g., likelihood of infection and fatality). While the best tool to prevent any over-reaction and panic is clear communication by the media and government, many people will still experience significant psychological distress. Such distress can be mitigated by providing people with actionable steps that can be taken to avoid infection, as well as with educational resources, including highlighting access to mental health and substance use services.

Furthermore, the spread of COVID-19 has the potential to create barriers for access to psychiatric services. For instance, public transportation may be disrupted, leaving some patients unable to keep appointments with their doctors. In addition, schools are enduring long-term closures and some communities are recommending that those in affected communities self-isolate, in order to prevent further spread of the virus. In such scenarios, those currently receiving mental health services—and those who may need it in the future—will be without access to care. One way to mitigate this is through the use of telepsychiatry—that is, live videoconferencing between a psychiatrist and a patient.

However, there are several restrictions put on Medicare reimbursement for patients who wish to receive telepsychiatric services. Chief among these are geographic restrictions, where the patient must be located in a rural (Health Professional Shortage Area outside of a Metropolitan Statistical Area) location, and must also present at a qualified “Originating Site.” The latter requires patients to travel to locations where they may possibly be exposed to COVID-19, such as a hospital, a doctor’s office, a skilled nursing facility, and so on. **We recommend that these restrictions be waived, so that Medicare beneficiaries, who appear to be at particular risk of contracting COVID-19, may be “seen” in the home via telepsychiatry and maintain their regular course of therapy without disruption.** This would also minimize future infections. Congress can address this in instances of national emergencies by including Section 9 of the CONNECT for Health ACT (S. 2741/H.R. 4932) within the COVID-19 supplemental, which would allow the Secretary of HHS to waive certain requirements for reimbursement of telemedicine through Medicare during national emergencies.

The APA stands ready to assist Congress and the Administration in any way possible, to ensure that there are minimal barriers to care for patients in need of psychiatric services. If you have any questions, please contact Craig Obey, Chief, Government Relations, at (202) 559-3407 or cobey@psych.org

Sincerely,



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

cc: Alex Azar, Secretary HHS
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