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January 31, 2025

The Honorable Michael Bennet  
261 Russell Senate Office Building  
United States Senate  
Washington, DC 20510

The Honorable John Cornyn  
517 Hart Senate Office Building  
United States Senate  
Washington, DC 20510

The Honorable Bill Cassidy, MD  
455 Dirksen Senate Office Building  
United States Senate  
Washington, DC 20515

The Honorable Catherine Cortez Masto  
520 Hart Senate Office Building  
United States Senate  
Washington, DC 20515

Dear Senators Bennet, Cassidy, Cornyn, and Cortez Masto,

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 39,000 psychiatric physicians who treat mental health and substance use disorders, I write in support and appreciation of your draft legislation aimed at improving the Medicare Graduate Medical Education (GME) program. The APA is appreciative of this timely effort to address ongoing workforce shortages and is particularly encouraged by the working group's focus on promoting psychiatric care in rural and underserved areas. As you continue your important work to advance policies to enhance our health workforce and increase patient access to care, we respectfully offer the feedback and suggestions below.

### **Distribution of Additional Residency Positions in Psychiatry and Psychiatry Subspecialties**

The inclusion of 200 new Medicare supported GME slots in the 2023 Consolidated Appropriations Act (CAA), with 100 designated for psychiatry and psychiatry subspecialties, represented the most significant Congressional support for the psychiatric workforce in decades. Despite this important and overdue investment, nearly 150 million Americans still live in Mental Health Professional Shortage Areas (HPSAs) as defined by the Health Resources and Services Administration (HRSA).<sup>1</sup> With the aim of building on the bipartisan work of the 2023 CAA, APA enthusiastically supports your proposal to add at least 150 additional psychiatry focused GME slots annually from fiscal year (FY) 2027 through 2031. While the addition of these new psychiatric residency position alone will not bridge the existing delta between demand and access for behavioral health services, your draft legislation represents an important next step towards improving access to high-quality care, strengthening our broader health care infrastructure, and importantly, saving lives.

### **Supplementing Investments in New Psychiatry Residency Positions**

Training more residents in psychiatry and psychiatry subspecialties is an essential, long-term strategy to enhance access to care, which should be paired with supporting

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/29540118/>

short-term workforce enhancement strategies. Population and evidence-based integrated care models hold enormous potential to augment our existing workforce and, in real time, enhance access to care for the millions who struggle with undiagnosed and untreated mental health and substance use disorders (MH/SUD). To help support and encourage adoption of behavioral health integration in the primary care setting, the COMPLETE Care Act, introduced by Sens. Cortez Masto and Cornyn last Congress, would temporarily increase the Medicare payment for existing integrated care codes and provide technical assistance to practices. This important legislation is a logical and much needed step toward ensuring integrated behavioral health care is more widely implemented, so that patients can get the care they require to lead healthy, fulfilling lives. APA strongly urges support of this effort as a supplement to any additional psychiatry residency slots.

### **Virtual Supervision Extensions**

APA enthusiastically supports the working group's proposal to extend the ability of teaching physicians to use telehealth to supervise resident physicians and recommends that this provision be applied permanently. Residents delivering telehealth has been demonstrated throughout the COVID-19 public health emergency (PHE) to be a safe and effective strategy for maintaining access to care. Further, residents delivering telehealth with supervision from a teaching physician ensures that they are trained for telehealth service delivery when they enter the physician workforce. The teaching physician is ultimately responsible for the clinical outcomes of the care provided by residents, and the resident accordingly is held to the same clinical standard as the teaching physician providing care themselves. Perhaps most importantly, virtual supervision of residents is a key retention tool for highly-qualified attending physicians and will help curb the drastic workforce shortage facing psychiatry.

### **Additional Telehealth Flexibilities to Consider**

For individuals residing in rural areas, the reality of potentially having to travel long distances for behavioral health services often serves as a deterrent to receiving care. Telehealth can help alleviate the gaps exposed by workforce maldistribution, including in urban underserved areas, by providing a linkage between clients in their home communities and behavioral health providers in other locations. The current telehealth flexibilities passed by Congress and implemented by past and current Administrations have been a lifeline for patients in need of MH/SUD services. We have seen strong patient-clinician satisfaction with telehealth services, and a decrease in no-show rates, both critical issues for patients in crisis to begin and continue appropriate treatment. The current Continuing Resolution (CR) extended multiple telehealth flexibilities until March 31, 2025. Importantly, the legislation delayed implementation of the 6-month in-person requirement for mental telehealth services. At a time of unprecedented demand, it is imperative that we remove unnecessary barriers and ensure the continuity of care for those seeking MH/SUD services. While not a part of your proposal, APA strongly encourages permanent removal of the 6-month in-person requirement for mental telehealth services as a workforce building measure.

We appreciate your timely, bipartisan focus on identifying additional legislative steps Congress should take to address ongoing health care workforce shortages. The APA is eager to aid your efforts.

Sincerely,



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Marketa M. Wills, MD, MBA, FAPA