



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

January 26, 2015

The Honorable Fred Upton, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Gregg Harper
Telemedicine Working Group
307 Cannon House Office Building
Washington, DC 20515

The Honorable Bill Johnson
Telemedicine Working Group
1710 Longworth House Office Building
Washington, DC 20515

The Honorable Bob Latta
Telemedicine Working Group
2448 Rayburn House Office Building
Washington, DC 20515

The Honorable Doris Matsui
Telemedicine Working Group
2311 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Telemedicine Working Group
237 Cannon House Office Building
Washington, DC 20515

The Honorable Greg Walden
Telemedicine Working Group
2185 Rayburn House Office Building
Washington, DC 20515

The Honorable Peter Welch
Telemedicine Working Group
2303 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton, Representative Harper, Representative Johnson, Representative Latta,
Representative Matsui, Representative Pallone, Representative Walden, and Representative Welch:

The Association for Behavioral Health and Wellness (ABHW) applauds the House Energy and Commerce Committee's efforts to increase Medicare beneficiaries' access to telehealth services. ABHW appreciates this opportunity to provide comment on the Telemedicine Working Group's discussion draft, "Advancing Telehealth Opportunities in Medicare."

ABHW is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to over 150 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

Expanding access to telehealth services is a priority for our member companies. Telehealth services have been proven to drive important advancements for our patients, expand access to care, improve

health outcomes, reduce the inappropriate use of psychotropic medications, overcome the stigma barrier, and cut costs. Given that approximately 25 percent of the adult population in the United States is reported to have a mental illness, and the fact that there is a growing shortage of behavioral health providers to respond to this significant need for service, the expansion of telehealth is an important option to consider.

Many studies have shown that providing telemental services is as effective as an in-person visit, and the patient satisfaction studies show satisfaction is equivalent. Some studies show it is preferred, especially for patients with physical difficulties. Transmission and bandwidth are advanced enough to make the recognition of movement disorders, medication side effects, and assessment of affect the same as a face-to-face visit. Studies also show that the relationship between patient and provider is equivalent.

Telehealth has the ability to reach a broad range of behavioral health consumers, including children and adolescents who appreciate the use of technology when communicating with their behavioral health care providers; patients who reside in areas where there is a shortage of behavioral health providers; elderly patients who may have difficulty leaving their homes to travel to an appointment; military veterans; the deaf; and incarcerated populations, where the number of inmates with mental health issues is steadily growing, and prisons are failing to provide adequate mental health care. Thus, we are glad to see a provision in your draft that grants the Secretary the ability to waive barriers to Medicare reimbursement. Our preference, however, would be to eliminate the restrictions, rather than granting the Secretary the authority to do so. Lifting originating site and geographic restrictions will improve access to and quality of care for people with behavioral health needs. If we can intervene early, we can avoid clinical deterioration that can lead to prolonged hospital stays.

The original intent of regulation regarding urban versus rural communities was based on the assumption at the time that rural areas were underserved, and therefore supporting telemedicine in rural areas would help the underserved. However, present reality shows that there are many urban areas that also suffer a shortage of qualified physicians and especially so when you consider child and adolescent psychiatry. Additionally, when considering access, it may take longer for a patient to travel to a specialist across town than for a rural resident to drive into the nearest city (i.e. Los Angeles).

Access to services also refers to those who are unable to travel or leave their homes due to chronic medical or some psychiatric illnesses. It is rare to find psychiatrists who will go to a patient's home, but providing telemental services directly to the consumer makes care possible for this group. Concerns for the safety of the originating site have been addressed in a white paper on the issue for psychological services. The protocol suggested is more rigorous than practiced in the conventional face-to-face setting.

A shortage of behavioral health providers, particularly child psychiatrists, limits access to mental health services. The shortage of psychiatrists and sub-specialists is predicted to get worse in the near future, and making telemental services available in all settings is one way to optimize the psychiatric workforce. The current list of eligible providers, according to Section 1834(m) of the Social Security Act, includes clinical psychologists and clinical social workers, and we encourage you to expand that list to include any behavioral health practitioner who is licensed to practice independently. Each state regulates the role of Nurse Practitioners, but we encourage the use of Psychiatric Nurse Practitioners in providing telemental services to help address the above issues of shortage and access. Experience has shown that their training and oversight by MDs makes them a valuable and quality addition to mental health manpower. Furthermore, a lack of communication and coordination between specialty and

primary care providers often prevents optimal outcomes even for those with mental health access. A patient-centered model for telehealth, where appropriate, has the potential to transform mental health services by integrating them into primary care.

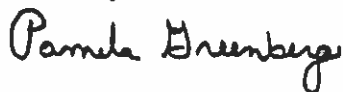
Various state regulations and licensure issues are of great concern to our members. Legal issues on a state-by-state basis are changing regularly, and consistency in these laws would reduce a great burden. Cross-state licensure is another barrier we are happy you have addressed in this draft. We agree with your statement that it is the Sense of Congress that states should collaborate, through the use of state medical board compacts, to create common licensure requirements for providing telehealth services in order to facilitate multi-state practices and allow for health care providers to provide such services across state lines. We are also pleased that your draft defines telehealth services, as it is imperative to have a standardized definition in order to implement consistent policies across the board. You may want to consider expanding the definition to include a description of what “tele” means (i.e. use of web-enabled audio and video capabilities in compliance with federal, state, HIPAA, and privacy regulations).

In addition to the provisions you have set forth in your draft, ABHW members believe it is necessary to address the Ryan-Haight Act in the context of a discussion around enhancing access to telehealth services. The Act regulates anyone who delivers, distributes, or dispenses medication through the internet; the initial intent of the law has become a real barrier to administering telehealth services. Psychiatrists providing tele-services should be able to prescribe the same range of medications as face-to-face visits. Studies show that tele-prescribing is less abused than in a face-to-face setting or by phone. By making restrictions, the advantages of providing this service are greatly reduced. Similarly, there should not be a requirement for an in-person/face-to-face meeting prior to providing tele-services. There is no evidence to support this, and it creates a needless barrier to needed care.

Also, as you move forward toward a final draft of this legislation and consider payment parity, we would like to discuss with you its implications and the potential concerns we have.

Thank you again for directing your attention toward the advancement of telehealth opportunities. We appreciate the opportunity to share our input and look forward to working together on this very important topic. If you have any questions, please contact Rebecca Murow Klein at (202) 449-7658.

Sincerely,



Pamela Greenberg
President and CEO, ABHW