

October 25, 2021

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

RE: Comments on Finance Committee RFI on Addressing Barriers to Mental Health Care

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of innovaTel Telepsychiatry, we thank you for your leadership and commitment to evaluate and identify solutions that foster access to evidence-based behavioral health care services for every American. As a national leader in telebehavioral health, innovaTel partners with traditional brick and mortar behavioral health organizations across the U.S. to bring mental health and substance use treatment services via telehealth to patients. We appreciate the opportunity to provide comments in response to the U.S. Senate Committee on Finance's Request for Information on addressing challenges to mental health care.

For your consideration, below please find our recommendations that focus on furthering the use of telehealth to address access to mental health and substance use treatment services and strengthening the behavioral health workforce:

1. Furthering the Use of Telehealth to Address Access to Mental Health and Substance Use Treatment Services for Adults and Children

A. Amend Section 123, Consolidated Appropriations Act to Remove In-person Exam Requirement for Telemental Health Services

We applaud inclusion of the telemental health provisions in Section 123 of the Consolidated Appropriations Act of 2020 to support access to mental health services via telehealth without geographic restrictions and to patients in their homes. However, we strongly oppose an in-person visit requirement within six months prior to the first telehealth service or any subsequent telehealth visits. We believe placing in-person requirements on mental health services undercuts the very tenets around improving access and equity afforded by telehealth and unnecessarily puts patients at greater risk as access to care will be severely limited given shortages of mental health providers in both rural and urban locations.

Furthermore, this in-person requirement only applies to mental health treatments, whereas Medicare beneficiaries seeking substance use disorder or medical services via telehealth are not subject to this same requirement. Our experience has reflected the American Psychiatric Association's publications indicating there is no difference in outcomes between the traditional in-person model and the provision of care via a telepsychiatry platform.¹

We strongly urge the Senate Finance Committee on Finance to support passage of The Telemental Health Care Access Act – S. 2061 led by Senators Smith (D-MN), Cassidy (R-LA), Carin (D-MD), and Thune (R-SD). This piece of legislation would remove the statutory requirement that Medicare beneficiaries be seen in-person prior to a mental health service via telehealth.

B. Allowing FQHCs & RHCs to Provide Mental Health and Other Services as Distant Site Providers

We applaud Congress' efforts to enable FQHCs and RHCs to serve as distant site providers of telemental health and other services as authorized under the CARES Act through the COVID-19 public health emergency. FQHCs and RHCs are critical safety-net providers who care for some of the most underserved patient populations across the nation and without a permanent policy change, this flexibility will end when the public health emergency expires. This could delay or fully eliminate access to mental health services and continuity of care for patients after the pandemic.

We strongly urge the Senate Committee on Finance to support the passage of the CONNECT for Health Act – S. 1512, Section 106 led by Senator Brian Schatz (D-HI) which would allow FQHCs and RHCs to provide distant site mental health and other services to underserved and rural communities across the nation on a permanent basis.

C. Audio-Only Services via Telehealth for Established Patients

During the PHE, audio-only technologies have been essential for helping patients gain access to mental health and other health care services while reducing exposure to COVID-19 illnesses. However, we believe the standard of care cannot be met using audio-only modalities for visits with new patients.

¹ Fortney JC, Bauer AM, Cerimele JM, et al. Comparison of Teleintegrated Care and Telereferral Care for Treating Complex Psychiatric Disorders in Primary Care: A Pragmatic Randomized Comparative Effectiveness Trial. JAMA Psychiatry. 2021 Aug 25:e212318. <https://pubmed.ncbi.nlm.nih.gov/34431972/>

Therefore, we urge the Senate Committee on Finance to support a requirement for interactive, real-time audio-video communications for initial telemental health or MAT services provided to new patients.

D. Removal of In-person Exam Requirement for Prescribing Controlled Substances via Telehealth

During the COVID-19 PHE, the DEA, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), allowed temporary relief of the prior in-person exam requirement before prescribing a controlled substance by means of the internet (e.g., Controlled Substances Act/Ryan Haight Act). Thus far, there has been no evidence that this flexibility allowed during the PHE has resulted in an increase in illegal drug diversion, inappropriate prescribing, overdoses, or the prevalence of opioid dependency. On the contrary, having easier access to critical care is helping to combat the spikes in mental health and substance use. When the pandemic ends, the ability to prescribe without an initial in-person visit will be removed which could lead to disruption of care for many patients currently prescribed clinically indicated controlled substances via telehealth and create a major roadblock or delayed treatment for patients seeking future care. These are needless barriers to critical telemental health and MAT services by legitimate providers seeking to provide clinically appropriate medication assisted treatment (MAT), child & adolescent psychiatry and other related mental health services via telemedicine.

We strongly urge the Senate Committee on Finance to support passage of the Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act - S.340 led by Senators Whitehouse (D-RI) and Portman (R-OH) which would permanently remove the in-person exam requirement for prescribing certain controlled substances via telehealth and ensure patients continue to have access to mental health and MAT services after the PHE. Although the TREATS Act would allow the prescribing of schedule III or IV controlled substances after a telehealth examination and telephone visits after the initial audio-video exam, we recommend adding language to also allow for Schedule II stimulant prescribing for ADHD in adults and children. There is strong evidence that supports the therapeutic use of stimulants for ADHD in both patient populations. Among the child and adolescent population, ADHD diagnoses are

treatable conditions with stimulants, largely considered to be one of the foundational tools of the child psychiatry profession.^{2,3,4,5}

2. CCBHCs Increasing Access to Mental Health and Substance Use Disorder Services

Certified Community Behavioral Health Clinics (CCBHCs) provide access to critical mental health and substance use treatment services. A recent survey conducted by the National Council for Mental Wellbeing found that 50% of CCBHCs provide same-day access to care for clients and nearly all respondents (93%) provide care within 10 days of initial contact; compared to the national average wait time of 48 days.⁶ CCBHCs offer one or more forms of MAT compared to only 56% of substance use treatment clinics nationwide. The CCBHC model is alleviating the impact of the community-based mental health and substance use care workforce shortage and improving patient outcomes by allowing clinics to increase staff positions.

We strongly urge the Senate Committee on Finance to support passage of The Excellence in Mental Health and Addiction Treatment Act of 2021 – S. 2069 led by Senators Blunt (R-MO) and Stabenow (D-MI) which would allow every state to join the CCBHC Medicaid demonstration and authorize grants for existing and prospective CCBHCs.

Thank you again for the opportunity to provide our comments and recommendations to the Senate Committee on Finance RFI. If we can assist in any way or if you would like to discuss our recommendations further, please feel free to contact either Jordana Bernard, MBA, FATA, Chief Compliance Officer, at Jordana.bernard@innovatel.com or me at jon.evans@innovatel.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Evans", is written over a horizontal line. Below the signature, the text "Jon Evans, CEO" and "innovaTel Telepsychiatry" is printed in a black, sans-serif font.

Jon Evans, CEO
innovaTel Telepsychiatry

² American Academy of Child and Adolescent Psychiatry. Practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults. J Am Acad Child Adolesc Psychiatry. 2002; 41: 26S-49S

³ Barbara T. Felt, Bernard Biermann, Jennifer G. Christner, Param Kochhar, Richard Van Harrison. Diagnosis and management of ADHD in children. Am Fam Physician. 2014 Oct 1;90(7):456-464.

⁴ Mark L. Wolraich, Joseph F. Hagan, Carla Allan, et al and subcommittee on children and adolescents with attention-deficit/hyperactive disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents. Pediatrics October 2019, 144 (4) e20192528.

⁵ Steven R. Pliszka, Is there long-term benefit from stimulant treatment for ADHD? Am J Psychiatry 176:9, September 2019.

⁶ National Council for Mental Wellbeing. (2021, May). Leading a Bold Shift in Mental Health & Substance Use Care – CCBHC Impact Report. <https://www.TheNationalCouncil.org/wp-content/uploads/2021/08/2021-CCBHC-Impact-Report.pdf?dof=375ateTbd56>