

June 25, 2019

The Honorable Suzan DelBene
United State House of Representatives
2442 Rayburn HOB
Washington, DC 20515

The Honorable Tom Reed
United States House of Representatives
2263 Rayburn HOB
Washington, DC 20515

Dear Representatives DelBene and Reed:

We commend you for your strong leadership in seeking to expand the availability of mental health services for all of those who need treatment. In particular, we very much appreciate your efforts to further expand behavioral telemedicine services to Medicare beneficiaries through your sponsorship of the Mental Health Telemedicine Expansion Act (HR 1301). Below we respectfully offer certain suggested modifications to this important legislation that we believe will foster enhanced beneficiary access to these critical services, as well build on the substantial progress already made in the states and the Medicare Advantage program to successfully deploy and deliver telemedicine to patients.

As you know, access to high-quality mental health care is a critical issue for millions of Americans. More than 42 million Americans live with anxiety disorders and more than 16 million struggle with major depression. Studies show that up to half of individuals with a serious mental health illness had not received treatment in the prior year, with 45 percent of those untreated citing cost as a major barrier to care. Moreover, in the U.S., 70 percent of individuals with a behavioral health issue also have a medical co-morbidity. For the many individuals dealing with multiple conditions like hypertension and depression, utilization of telemedicine can result in improved health outcomes through better care coordination.

Given the significant benefit and value that telemedicine can offer to patients with mental health issues and other diseases, the undersigned organizations are excited about the extensive growth in use of telemedicine over the past five years throughout the U.S.: today, more than 95 percent of employers offer a telemedicine benefit to their employees. This meaningful improvement in patient access to care would not have been possible if not for the approach taken by many states – and most recently by the Federal government in the Medicare Advantage program beginning 2020 – to allow for the incorporation of innovative new telemedicine technologies into clinical practice as they emerge without imposing unnecessary limits or restrictions on the delivery of such services to patients. Indeed, states generally have followed three fundamental principles in fostering the successful deployment of high-quality telehealth services, namely:

1. The standard of care must be the same for a telemedicine visit as an in-person visit.
2. The physician-patient relationship can be established via technology **without the requirement of an in-person visit prior to a telehealth visit.**
3. The modality must be technology neutral, meaning that the physician is able to employ any appropriate technology that adheres to the standard of care and successfully treats the patient. Examples of a technology neutral approach include audio-video, interactive audio with store and forward technology, high definition photos and others.

Based on the states' experience in facilitating the successful deployment of telemedicine services to numerous Americans, we respectfully urge modifications to certain requirements in HR 1301 that impose unnecessary and overly burdensome barriers in access to care and are not clinically necessary to achieve successful patient health outcomes. Specifically, we urge:

1. Removal of the requirement for an in-person visit prior to a telemedicine visit.
2. Removal of the requirement for an in-person follow up visit unless the treating clinician believes the visit is necessary because the patient has been prescribed a controlled substance (which currently requires an in-person visit).

Again, we wish to underscore that both of these requirements are not necessary for clinicians to provide high-quality behavioral health services that adhere to current standards of care. Rather, these requirements simply would impose needless barriers in access to care for the many Medicare beneficiaries with mental health conditions who otherwise immediately could benefit from the availability of such services. We, like you, have a strong commitment to ensuring that all Medicare beneficiaries can access the mental health services they need to get well and stay healthy and believe these suggested modifications to HR 1301 will better enable the achievement of our mutually shared goal.

In conclusion, on behalf of the millions of Americans with mental health conditions, we thank you for your leadership in seeking to expand access to high-quality mental healthcare services through increased availability of behavioral telemedicine. We hope that you and your colleagues continue to look to the telehealth community as a resource of expertise as you engage in this critically important work.

Sincerely,

Association of Behavioral Health and Wellness
Centerstone
College of Healthcare Information Management Executives (CHIME)
Health Innovation Alliance
InTouch Health
Mental Health America
National Alliance on Mental Illness
National Council for Behavioral Health
Schizophrenia and Related Disorders Alliance of America (SARDAA)
Teladoc Health