



Dear House Commerce Committee Members:

Thank you for the opportunity to provide written testimony for HF 1412, the telehealth bill. COVID has had an enormous impact on our society. One of its positive outcomes is the expansion of the use of telehealth such that many more individuals are able to access mental health services.

This bill seeks to make permanent the adjustments to telehealth which have been so successful at engaging people just when the needs for mental health services have skyrocketed, with the CDC estimating a 40% increase in individuals reporting struggles with mental illness and substance use disorders. Several aspects of this bill are extremely important to addressing unmet mental health needs:

- The change in both originating and distant site allows patients and providers to be where they can best be for optimal service provision.
- Allowing multiple sessions of telehealth for the provision of services such as day treatment and independent living skills assistance needed by individuals with serious mental illness who are unable to access these services in person.
- Continuation of audio-only services, using telephone, is extremely important. Using phone only services has opened up care to previously underserved populations such as rural individuals unable to access broadband, the elderly, and typically disenfranchised groups where health equity is an issue. A telling example of the need for audio services came from one of our psychologists who does a support group for women in domestic violence situations. Because they can now join by phone, she has had numerous women in difficult situations from across the state join the support group so that they are now getting help.
- Of grave concern is the need to maintain the same provider networks as are in place for in person care. Minnesota has made huge strides in the area of care coordination, and there is significant concern about

the use of virtual networks, especially for mental health, that would risk patients once again falling through the cracks. Nationally-based telehealth networks may be able to provide cheaper care for the payers, but at what cost to the patient? Mental health treatment relies on the relationship between the provider and patient. Using national telehealth networks may disrupt the continuity and coordination of care with other local providers. It may be feasible to see a different provider each time you have a sinus infection, but this simply will not work for mental health services. Additionally, there are concerns about oversight of these services. In contrast to PSYPACT, where every provider is thoroughly vetted and can have no history of disciplinary action, the public cannot know what quality of provider will answer their call. Similarly, health plans provide careful evaluation and credentialing of providers who are allowed to be in their networks. Appropriate oversight is needed to make sure individuals are getting the best possible care.

Telehealth is not for everyone, and it is important that this bill does not require its use. This will allow patient and provider to make an informed choice about what type of service is best suited to their situation. Please support HF 1412 as it allows for expanded, quality care for individuals unable to access services in person.

Jordan Robinson, PhD, LP ABPP-CN
President
Minnesota Psychological Association

Trisha A. Stark, PhD, LP, MPA, MJ
Federal Advocacy Coordinator and Legislative Chair
Minnesota Psychological Association