



Minnesota Psychiatric Society

Improving Minnesota's mental health care through education, advocacy, sound psychiatric practice, and achieving health equity

February 26, 2021

Dear Chair Stephenson and Members of the House Committee on Commerce:

The Minnesota Psychiatric Society, representing Minnesota's nearly 500 Psychiatric physicians, strongly supports the HF 1412 that would make increased telehealth access a permanent part of Minnesota's health care system. Both providers and patients want access to telehealth to continue. We must act to ensure these changes are made permanent before they expire on June 30, 2021. Twenty-five states have expanded access to telehealth during the COVID-19 pandemic including MN, with 13 specifically requiring equal reimbursement of in-person and telehealth visits.

Telehealth is important in expanding access to health care, especially in rural and underserved areas where access to care is already needed the most. Telehealth empowers patients to use modes that fit their needs and encourages the involvement of family in mental health treatment. Telehealth improves access to care, reduces no-shows, minimizes the need for crisis care and allows greater continuity of care; it also decreases barriers to care including stigma, lack of transportation or childcare, and other avoidable barriers.

We are concerned about the two proposed amendments because they represent the potential to undermine the quality of care that Minnesotans expect and deserve. A secondary network is a two-tiered health system and the true quality of care depends on the level of professionalism, which is the most expensive part of care. Allowing insurers to create separate provider networks for in-person vs. telehealth services would make telehealth treatment less accessible for patients.

Audio-only is an essential part of telehealth care and needs to be included in coverage of telehealth services. It is an effective alternative to video telehealth and in person care. Audio-only is especially important for communities that do not have access to broadband internet such as rural and underserved communities, as well as elderly patients who are less technologically savvy. In fact, audio-only is the preferred format for many patients with anxiety or trauma, and patients with serious mental illnesses, substance use disorders, the homeless, and those with disorganized thought processes report that telephone access has been a "lifesaver" in their mental health treatment.

Mental health & substance use disorder treatment services need to be sustainable, which requires equal reimbursement rates for telehealth and in-person treatment. Telehealth has been shown to have equivalent outcomes to in-person treatment, because diagnosis and treatment are the same as in-person treatment. Systems and providers have already made significant investments in telehealth, and costs are not expected to decrease: ongoing technology, provider and staff, and infrastructure costs will

continue to rise. Telehealth can reduce costs for both patients and insurers by ensuring better medication compliance, fewer Emergency Department visits, and fewer admissions to inpatient units.

Please contact MPS Legislative Committee Chair Michael Trangle, MD, DLFAPA (612-859-4471), Executive Director Linda Vukelich (651-278-4241), or Lobbyist Bill Amberg (651-260-9973, bill@amberglawoffice.com) if you have any questions.

Respectfully,

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Minnesota Psychiatric Society Legislative Committee Chair

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