

MARYLAND PSYCHIATRIC SOCIETY



September 13, 2021

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Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021)

Dear Administrator Brooks-LaSure:

At the beginning of the COVID-19 pandemic, clinicians and patients across the country transitioned almost overnight to using telehealth. This was especially true for psychiatrists and their patients with mental health and substance use disorders. The Centers for Medicare and Medicaid (CMS) quickly expanded covered telehealth services to ensure continuity of care during a time when in-person treatment carried significant health risks for both patients and providers. We appreciate that CMS is proposing in the 2022 Physician Fee Schedule to make permanent (or continue to temporarily extend and evaluate) many telehealth provisions that our country has come to rely on.

The Maryland Psychiatric Society, representing 725 psychiatrists, writes to specifically **support CMS' proposal to make permanent coverage of audio-only telehealth services and extending it to include outpatient evaluation and management services. We strongly recommend the final rule also make clear this applies to substance use and co-occurring disorders and not just mental health.** Audio-only services have been a lifeline for patients for whom it is the only consistently workable option, often those who lack technology access, are impoverished, and/or lack the skill set to successfully access audio-visual telepsychiatry visits. Our members' patients have greatly benefitted from audio-only telehealth, which meets their patients where they are, for example:

- A man in his 40s who is living with schizoaffective disorder and experiencing homelessness is staying in a shelter 5 miles away and has access to only temporary phones and limited minutes;
- A woman in her 50s who is diagnosed with bipolar disorder and has very limited access to technology is spending all of her time at home caring for grandchildren; and
- A man in his 30s with paranoid schizophrenia, who believes that iPhones and computers track his movements and who is too worried about COVID to take two buses to his psychiatrist's office, is only willing to speak to his psychiatrist on the land line in his mother's home.

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We also urge CMS to continue to cover telehealth services, including audio-only care, for mental healthcare without requiring an in-person visit every 6 months, which is not required for patients with substance use and co-occurring mental health disorders. Determination of whether an in-person visit is necessary for mental health and substance use disorder care should be left to clinical judgment. Requiring an in-person visit every six months could become a barrier to care for many patients, for example, those who can't afford a babysitter or cover the cost of transportation, or who have trouble getting around in adverse weather conditions.

Being able to see a psychiatrist via telehealth, including audio-only, mitigates other barriers to care, such as the stigma of seeing a mental health provider, lengthy travel times to the office, and more. Access to psychiatric care via telehealth has become an essential component of quality care. While many patients are transitioning back to seeing clinicians in-person, surveys show that patient satisfaction with telehealth is high, and many now expect to have it as an option in addition to in-person treatment.

Lastly, **we strongly urge CMS and HHS to work together with Congress to waive the budget neutrality adjustment set to go into place for 2022**. The 3.75% reduction in the Medicare conversion factor will have a significant financial impact on psychiatrists who treat Medicare patients and comes at a time when practices have already experienced financial losses. Over one third of our members report a decrease in their practice income during the pandemic. Payment cuts will only further compound the growing access problem for patients with mental health and/or substance use disorders.

We urge CMS to strongly consider our above recommendations for the 2022 Final Rule.

Sincerely,

A handwritten signature in blue ink that reads "Virginia L. Ashley, M.D." The signature is written in a cursive style.

Virginia L. Ashley, M.D.
President