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September 13, 2021

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 seemingly overnight into using telehealth. This was especially true for psychiatrists and their patients with mental health and substance use disorder treatment. The quick response from the Centers for Medicare and Medicaid (CMS) to the Public Health Emergency (PHE) expanded covered telehealth services for beneficiaries in ways that ensured continuity of care during a time when in-person treatment carried significant risks to patients and provider health alike. We appreciate in the current Notice of Proposed Rule Making (NPRM) for the 2022 Physician Fee Schedule (PFS), CMS is proposing to make permanent—or otherwise continue to temporarily extend and evaluate—many of the telehealth provisions that clinicians and patients have relied on over the course of the PHE.

On behalf of the Colorado Psychiatric Society, a district branch of the American Psychiatric Association representing approximately 500 psychiatrists, we are writing to specifically **support CMS' proposal to make permanent coverage of audio-only telehealth services as it has over the course of the PHE 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 option when seeking mental health and substance use disorder treatment. Patients who cannot interact with their physician via a live, synchronous audio-video connection may need to rely on audio-only care for myriad reasons: they may lack access to sufficient broadband internet or access to the technology itself (e.g., they may not own a smartphone, tablet, or PC); their diagnosis may preclude using such technology; or they may not consent to being seen via video. We have heard from our members that patients rely on audio-only telehealth for other reasons. For example, audio allows a level of privacy that video does not in a situation with a shared computer and domestic abuse.

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. For the purposes of mental health and substance use disorder care, the determination of whether an in-person visit is necessary should be left to clinical judgment. There is no evidence to support the need for an in-person visit every six months, which could become a barrier to care for many patients.

Over the past year and a half, 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 have shown that patient satisfaction with telehealth is high, and many have come to expect to have it as an option in addition to in-person treatment. Being able to see a psychiatrist via telehealth, including audio-only, mitigates numerous barriers to care, such as the stigma of seeing a mental health provider; lengthy travel times to the office (in rural and urban areas alike); a geographic and numeric maldistribution of psychiatrists across the United States, and more.

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 due to the PHE. Payment cuts will only further compound the growing access problem for patients with mental health and/or substance use disorders.

We urge CMS to take our above recommendations into consideration for the 2022 Final Rule.

Sincerely,

Aaron Meng, MD, FAPA

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President, Colorado Psychiatric Society

E. Lowdermilk, MD

Elizabeth Lowdermilk
Legislative Committee Chair, Colorado Psychiatric Society