

To whom it may concern,

As a Portland based LPC providing counseling services via telehealth, I am writing to voice my support for HB 2508 and advocate for equal reimbursement of services rendered for outpatient psychiatric services whether in-person or via telehealth platforms. I hope to offer you peer-reviewed research that supports the appropriate use of telehealth for outpatient mental health treatment, and subsequently equal reimbursement rates.

- The quality of treatment provided through telehealth is equivalent to in-person appointments and preliminary outcome data supports this (see reference 1 & 2). Additionally, client retention rates are reported to be higher via telehealth than in-person based on data from the American Psychological Association in 2020.

- The amount of time spent providing services, documentation, coordination of care, and other clinical aspects of treatment has not changed due to telehealth.

- Telehealth provides an opportunity to expand needed services and care. The capacity to reach clients who might not otherwise seek out or receive services has increased with telehealth due to the decreased demands of transportation, time, and associated costs.

Additionally, research is showing an ability to reach a population of people who are more willing to engage in treatment via telehealth versus in-person due to issues related to 'de-mystifying therapy' and cultural stigma, particularly Veterans and people living in rural communities (see reference 3).

- As mental health professionals, we abide by the legal standards of CPT coding set forth in order to bill insurance companies for services rendered. As it pertains to outpatient psychiatric services, these services are the same as in-office visits, they simply occur over a telehealth platform instead.

- I also believe that reimbursing at lesser rates for clinically equivalent psychiatric outpatient services will negatively influence a clinician's willingness to offer treatment via telehealth. Consequently, clients in our community will bear the cost of having an effective resource become less accessible.

The arguments from opponents suggest that telehealth will increase healthcare reimbursement costs while providing lesser services and presumably worse outcomes. These assertions are unfairly overgeneralized to all branches of healthcare and medicine. I recognize that there are many instances where in-person visits are appropriate and/or necessary, and good clinical judgment will assure that our client's needs are being met at the appropriate level of care. Telehealth offers the ability to expand quality resources and accessibility and much needed outpatient psychiatric services.

Thank you all for your hard work.

Michael Brill, LPC

References:

1.Reay RE, Looi JC, Keightley P. Telehealth mental health services during COVID-19: summary of evidence and clinical practice. *Australas Psychiatry*. 2020 Oct;28(5):514-516. doi: 10.1177/1039856220943032. Epub 2020 Jul 28. PMID: 32722963; PMCID: PMC7387833. <https://doi.org/10.1177%2F1039856220943032>

2.McLean, S.A., Booth, A.T., Schnabel, A. et al. Exploring the Efficacy of Telehealth for Family Therapy Through Systematic, Meta-analytic, and Qualitative Evidence. *Clin Child Fam Psychol Rev* (2021). <https://doi.org/10.1007/s10567-020-00340-2>

3.Veterans' Prospective Attitudes About Mental Health Treatment Using Telehealth
Elizabeth M. Goetter , PhD, Allyson M. Blackburn , BA, Eric Bui , PhD, MD, Lauren M. Laifer , BA, and Naomi Simon , MD, MSc (2019)
<https://doi.org/10.3928/02793695-20190531-02>