



April 13, 2023

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services (CMS)  
Attention: Gift Tee, Director, Division of Practitioner Services

**Re: Importance of Maintaining Virtual Supervision of Residents in the Medicare Program**

Dear Director Tee,

The American Psychiatric Association (APA), the American Association of Directors of Psychiatric Residency Training (AADPRT), and the American Association of Chairs of Departments of Psychiatry (AACDP) appreciate the work the Centers for Medicare and Medicaid Services' (CMS) Hospital and Ambulatory Group are investing in health equity and access through technology, and **we write today to urge CMS to maintain the critical availability of services to Medicare beneficiaries through virtual supervision of residents.**

**Telehealth care by residents has been demonstrated throughout the PHE to be a safe and effective strategy for maintaining, and in many cases increasing, access to care.** The teaching physician is ultimately responsible for the clinical outcomes of the care provided by residents. Guardrails through the Accreditation Council for Graduate Medical Education (ACGME) and other accrediting organizations ensure patient safety and oversight of residents under virtual supervision. **Continuing virtual supervision for patients and residents in metropolitan statistical areas after the end of the PHE ensures patients maintain access to effective care.**

CMS is urged to consider the fact that 55% of U.S. counties have no psychiatrists, and 130 million people live in areas with a shortage of mental health providers.<sup>1, 2</sup> Average wait times for new-patient primary care appointments have reached 26 days, with increasing physician shortfalls in the coming years.<sup>3, 4</sup> Emotional and behavioral health challenges were at a crisis point before the COVID-19 pandemic, and the public health emergency has acutely exacerbated these challenges, especially in children and adolescents, which has prompted many national organizations to declare a national emergency in child mental health. In addition, the United States is in an active opioid public health emergency, creating a worsened access to care crisis. Regulation that decreases the ability for physicians to provide or supervise high-quality care virtually is harmful to Medicare beneficiaries and may negatively impact the number of physicians entering the health care workforce due to fewer physicians choosing to serve in a supervisory role.

CMS has recognized the ability for high-quality mental health services to be provided via telehealth, and teaching physicians have reported that telehealth is best supervised virtually. As one APA member said, "The supervisor can see and hear the patient better and the patient can see and hear both the supervisor

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<sup>1</sup> Mapping Supply of the U.S. Psychiatric Workforce, <https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/01/Y3-FA1-P2-Psych-Mapping-Full-Report-with-Appendix.pdf>.

<sup>2</sup> Where the Mental Health Clinician Shortage Is at Its Worst, <https://bhbusiness.com/2022/06/24/where-the-mental-health-clinician-shortage-is-at-its-worst/>.

<sup>3</sup> 2022 Survey of Physician Appointment Wait Times, <https://www.merrithawkins.com/trends-and-insights/article/surveys/2022-physician-wait-times-survey/>.

<sup>4</sup> The Complexities of Physician Supply and Demand: Projections from 2019-2034, <https://www.aamc.org/media/54681/download?attachment>.

and the trainee better than if they are in the same room clustered around a computer camera.” Further, residents delivering telehealth with supervision from a teaching physician ensures that they are trained for telehealth service delivery when they enter the physician workforce.

Benefits to Medicare beneficiaries of maintaining this flexibility include sustained access to the highest-quality teaching faculty in situations where commute times or workforce shortages limit the in-person availability of teaching physicians. By contrast, reducing this flexibility would reduce the ability of the healthcare system to meet patient care and trainee supervision demands, risking closure of medical education programs due to the lack of teaching physicians and reduced Medicare reimbursement, further compounding the current workforce shortage and challenging the education pipeline for future clinicians.

**We ask CMS to codify virtual supervision of residents on a permanent basis before the COVID-19 PHE expires on May 11, 2023. In addition, we ask that CMS clarify whether indirect supervision included in the requirement to have supervision in person or whether teaching physicians and residents can meet virtually after visits to discuss the case.**

Thank you for your review and consideration of these comments. We urge CMS to reach out with any specific questions about virtual supervision to identify shared solutions and maintain access to high-quality care for Medicare beneficiaries. If you have any questions or would like to discuss any of these comments further, please contact Kristin Kroeger, Chief of Policy, Programs, and Partnerships at the American Psychiatric Association ([kkroeger@psych.org](mailto:kkroeger@psych.org)).

Sincerely,

American Psychiatric Association

American Association of Directors of Psychiatric Residency Training

American Association of Chairs of Departments of Psychiatry