A District Branch of the
American Psychiatric Association

My name is Sheila Cooperman, MD. I am the Immediate Past President and current member of the Executive Council of the Connecticut Psychiatric Society. Our organization represents over 800 Medical Doctors who specialize in Psychiatry. I am providing testimony to support SB 1022 and HB 5596.

The COVID Pandemic has highlighted the importance of telecommunication. The ability to stay connected in a variety of ways with people who are struggling with depression, isolation, serious mental illness and substance use disorders has been a true lifeline for many. Fortunately, the emergency response and authorization that enabled the reimbursement of both telephonic and video conferencing has been a life-saving intervention. In order for this type of treatment support to continue in the aftermath of this Pandemic, reimbursement using any technology should remain. Many Psychiatrists will tell you that they see the use of these alternative means of communication as an addition to their practice, an option to be offered and do not see it as a total replacement for face to face sessions.

Access to quality care and specialty care is a challenge and telehealth is a means to address this. It is possible for pregnant women with high risk Psychiatric issues, on multiple Psychiatric medications to have their Psychiatrist confer with their OB-GYN about what medications are safest, which medications should be discontinued with all three participating in one video meeting rather than asking her to travel to a specialty clinic, have each MD speaking separately and having each MD separately explain the recommendations. Women who are at high risk for a pregnancy related depression or Post-Partum depression can remain at home with the newborn or with their other children, have a video conference with the Pediatrician or their Psychiatrist or both, without needing to go to an office or having to arrange for child care.

The ability to have access to telehealth Psychiatric consultation in a crisis or Emergency room can save valuable time. The crisis team can assess the person in distress in the community and have a Psychiatrist consult via a tablet with the person in distress while the crisis team remains with the person and develop a treatment plan that may avoid hospitalization or effect transfer to the emergency room of the local hospital if necessary. This is ideal in more rural areas where access to a nearby emergency room is a challenge. In the emergency room of the local hospital, a Psychiatrist can evaluate a patient via telehealth, determine admission and discharge decisions that may reduce the time remaining in a busy emergency room and improving the quality of the experience for the person in distress.

I am also aware that there are Psychiatrists who have been challenged by their own physical mobility or limitations who have been able to continue to treat their patients through telehealth rather than retire from their practice.

There are many more examples of how Psychiatrists and other health providers can provide services through telehealth. In order to pursue this, the reimbursement needs to continue and can lead to improved mental health and continuity of care for those patients in Connecticut.

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