

Telehealth Regulations

Update on tele-therapy based on the recent coronavirus epidemic.

From the Public Affairs Committee of the American Group Psychotherapy Association (AGPA).

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AGPA members are faced with unprecedented challenges in implementing the current guidelines for social distancing while balancing the mental health needs of our clients. There has been some confusion due to multiple announcements coming out from the federal government as well as regulatory bodies which are evolving constantly regarding telehealth.

The Public Affairs Committee has been monitoring the changes governing the practice of telehealth in the current coronavirus epidemic. AGPA has been providing resources to our members including a very well attended webinar on Sunday, March 22 on [telehealth and groups](#) as well as a special issue of the e-publication, [Group Connections](#).

We are summarizing the changes in the guidelines for practice of telemedicine that have come out recently. This is our understanding of the changes and should not be understood as legal or regulatory advice. Please contact your local licensing board for any further clarification.

- The Centers for Medicare and Medicaid Services (CMS) has lifted the restrictions on provisions of telehealth to all Medicare beneficiaries. The previous restrictions where telehealth could be provided only to a very small number of Medicare beneficiaries have been lifted and in all states now Medicare beneficiaries can be seen by telehealth. This is a very significant advance because usually Medicare guidelines are followed by most commercial insurance.
- The Department of Health and Human Services has also given permission to use non-HIPAA compliant software such as FaceTime, Skype and others to communicate public health information due to the current crisis. This is limited only to the current COVID-19 outbreak, but is not limited to treatment of infected patients and can be used for psychiatric patients.

These two significant changes by the federal government have to be considered in the bigger picture of mental health care delivery. The federal government has permitted Medicare beneficiaries to be treated across the country, however that does not mean that the state and local regulatory bodies have waived the licensing

requirements in each state. Therefore, the Public Affairs Committee recommends that practitioners check the regulations of their licensing Board before providing telehealth.

There are several states that are coming up with expedited licensing, temporary licenses and other changes to make sure that telehealth practices can be up and running quickly. Examples are Vermont, which has a [temporary licensing option](#) and California which has a temporary practice provision for psychologists (see question #15 at this link <https://www.psychology.ca.gov/licensees/faq.shtml>). However, we have not seen any blanket statement that the requirements for licensing have been suspended. We recommend that you request expedited licenses if your clients are located in a state where you're not currently licensed.

In addition, it is recommended that whether you are using HIPAA compliant or non-HIPAA compliant software to communicate for telehealth, that you inform your clients of the risks of telehealth and get consent. If written consent cannot be obtained because of urgent needs, please document verbal consent in clients' charts.

There are multiple platforms that are being used that are HIPAA compliant and the AGPA i-SIG has compiled a [list of resources](#). Please [join the i-SIG](#) if you are interested in learning more.

As health care providers we all share the burden and are impacted by the stress. Self-care is vital at this time. We are also providing a document on "[Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak](#)" which we hope you will find useful.

Our best to you and yours,

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