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Senator Sanborn, Representative Tepler, and members of the Health Coverage, Insurance and Financial Services Committee. This is psychologist Michael Dixon will my second time today to testify in favor of telehealth.

In a rural state with an older population and many low-income residents, the advantages of various telehealth options can be a real blessing to the more vulnerable members of our population. Telehealth services do not require patients to leave home, to pay high transportation expenses, or to spend extra time getting to in-person appointments. Including telephone services as a form of Telehealth also increases availability.

While I was preparing to testify, I reviewed some of the research literature on telehealth services in order to deliver evidence-based therapy to patients. There is a developing body of evidence that telehealth services produce positive health outcomes, and that conditions such as anxiety, depression, post-traumatic stress disorder, and adjustment disorder improve with psychological care delivered via telehealth, including telephone only

I also sought input from Maine psychologists regarding their experiences with using telehealth delivery, particularly with regard to whether delivering the services via telehealth impedes the establishment of a therapeutic alliance with a new patient, or effects the length of treatment. Some of the feedback I received indicated that most patients, even if they are initially unsure about telehealth end up appreciating that they don't need to travel, and are able to adjust quickly to the methodology. A plus that pertains to psychologists who specialize in treating a particular population of patient, such as those with with Obsessive-Compulsive Disorder or with Gender Dysphoria, or practice in a particular area of specialization, e.g., Health Psychology, is that they are able to make their

expertise available to patients across the state and sometimes even out of state via telehealth. Also, evidence-based treatment approaches such as Cognitive Behavioral Therapy are easily adapted and delivered via Telehealth. Once patients and their therapists become comfortable with the process, both sides see the value and want to stick with the approach. Several of the psychologists I spoke with had entirely completed the treatment process with new patients, from intake to termination, via telehealth, and did not observe any lengthening of the process, or any compromise to a successful outcome. These reports certainly suggest that the legislature is on the right track in their efforts to make telehealth permanently available to Maine residents

As for the specific LDs which results from this hearing, I trust that this Committee will best determine what details the exact bill should contain, and that entire Legislature will accept this Committee's Ought To Pass recommendation. I am confident that the final bill will ensure that telehealth services will be available to Maine residents, and recognized as a particularly worthwhile delivery method for mental health services in Maine; that telephone-only telehealth services will be an acceptable alternative of telehealth delivery in some situations; and that parity of telehealth reimbursement with that of in-person delivery by 3rd party payers will be required.

Thank you for allowing me to testify. I will be happy to address any questions.