
Emma Pendleton Bradley Hospital
1101 Veteran's Memorial Parkway
Riverside, RI 02915

March 8, 2023

Re: Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation

As psychiatrists working in the Bradley REACH telebehavioral health program at Bradley Hospital in Providence, RI, we wish to register our concern about new rules concerning the telemedicine prescribing of controlled substances. Our concern relates specifically to Schedule II stimulants, used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Founded in 1931, Emma Pendleton Bradley Hospital is the nation's oldest specialist pediatric psychiatric hospital. Today, we provide a unique continuum of care for patients in Rhode Island and New England. As a training hospital for the Warren Alpert Medical School at Brown University, we are recognized as a national center of excellence in pediatric psychiatry.

Since the COVID-19 pandemic in 2020, we have offered our adolescent partial hospitalization program virtually. The program first expanded care for patients in Rhode Island, then regionally in partnership with hospitals in Massachusetts and Connecticut, and now in Florida through a partnership with a community mental health center. The data we collect show that virtual care is at least as effective as in-person care and has a role in reducing the need for inpatient treatment. Telehealth expands access for patients who might not be able to attend an in-person program at the hospital. Families tell us that "being virtual was magical" and eliminated much of the stress and hardship involved in accessing in-person care.

The proposed changes to telemedicine prescribing of controlled substances under the Ryan Haight Act will negatively affect our ability to deliver and expand access to quality care. Nationally, 9.8% of children ages 3-17 are diagnosed with ADHD.¹ Over 25% of the adolescents we treat have a prescription for a stimulant on the list of Schedule II controlled substances. A diagnosis of ADHD is more common in Black,

¹ <https://www.cdc.gov/ncbddd/adhd/data.html>

non-Hispanic children.² ADHD often presents as a co-morbid condition with other mood disorders or learning disabilities: all children in our program diagnosed with ADHD have additional diagnoses.

The intensive treatment in the Bradley REACH program manages life-threatening symptoms of mental illness. ADHD often presents with symptoms of impulsivity and inattention. Although we address symptoms through individual therapy, family therapy and group therapy, there are times where medication intervention averts a crisis and is truly lifesaving. In our high-risk population, delays in obtaining appropriate medication can contribute to a life-threatening situation. When we prescribe stimulants to pediatric patients, they are always used under parental supervision. The risk of diversion is therefore low.

As both the Surgeon-General and the American Academy of Pediatrics recently noted, the United States is experiencing a crisis in children's behavioral health.³ Recent data suggest that suicidality among teenagers has increased significantly.⁴ The crisis is compounded by a lack of access to care. Eighty percent of rural counties do not have a single psychiatrist.⁵ For instance, Leon County, the focal point of our efforts to scale the program in Florida, is classed as an area of severe provider shortage: just four child and adolescent psychiatrists serve a population of more than 54,000 children.⁶ Innovative programs such as Bradley REACH can have a substantial impact on the workforce shortage by connecting providers across the country with children who need our care. The need for an in-person evaluation will prove to be an additional burden for local psychiatrists and pediatricians.

The proposed requirement will further delay treatment and thus elevate risk for an already fragile population. Reducing access to care in this way is likely to result in increased suffering and suicidality among some of our most vulnerable teenagers.

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Attending Psychiatrists, Bradley REACH Program

² <https://www.cdc.gov/ncbddd/adhd/data.html>

³ <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>;
<https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

⁴ https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

⁵ https://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE_PsychiatristShortage_V6-1.pdf

⁶ https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx