

Dear House Health Care Committee,

I would like to introduce myself. I am Carol Stampfer FNP, PMHNP. Since 1985 I have worked in public and private health care as an FNP, taught at OHSU School of Nursing and have a private practice as a PMHNP all here in Oregon. I have been educated at U of O Honors College, Yale Univ. and got a post masters certificate in psychiatry at OHSU School of Nursing. I have never been a proponent of telemedicine due to its 2 dimensional nature.

UNTIL NOW-

During COVID-19 I have been impressed by the results of telehealth visits. My new and ongoing psychiatric patients have adapted quickly and are accessing care appropriately via this method. We are addressing the very real and pressing social, economic and purely psychiatric issues they are encountering.

Most importantly for you to consider is that COVID-19 is causing an **avalanche of psychiatric** issues. People are under the greatest allostatic load (interesting word worth looking up! basically it means the physical impact of stress) since World War II without the family and community resources to draw upon for relief.

Psychiatric care is essential now more than ever. **OCD, Social Anxiety, Phobias, and Generalized Anxiety Disorder** are increasing both in frequency and severity. **Depression** is as well. These are morbidities that are highly correlated with people not being able to get back and enter the work force. We must not limit people's ability to access care.

Two examples- of cases from **essential workers** that I saw this week.

1) Pt #1 working long hours. Has a child at home. Could see me while child was safely in the other room. Thus no additional risk to the child by having to be cared for by an outside provider and allowing this exhausted parent/worker just one less stress while getting needed psychiatric care.

2) Pt # 2 - Working long hours in front line care. This patient called in for her scheduled appt from her car. She was on her way for a COVID test as coworker had been discovered to be positive. (would it have made any sense for patient to come into our clinic?)

Some Perspective-

All of us psyche providers are very busy and are booked out a few weeks if not months for new patients. Ongoing patients have to schedule way in advance especially if they have to organize time off of work/transportation/ childcare. How do we fit in a person who has to miss or reschedule an appt?

Psychiatrists as a group are aging. And are in high risk groups. Here is some old data on that-From 2015 AAMC data, the estimated percentage of total **psychiatrists** over age 55 was calculated to be 56.98% for 2015.

So how can we be sure that the citizens of Oregon get the psychiatric health care they need in 2020? Continue the payments for telemedicine. It makes as much sense as vote by mail!

thanks for your attention,
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