December 8, 2021

Aetna Inc.
151 Farmington Ave.
Hartford, CT 06156

Dear Mr. Finke,

The undersigned organizations represent mental health and substance use disorder providers, consumers, advocates, and other stakeholders who provide critical care and resources to individuals and families with mental health and substance use disorder conditions. Given the renewal of the Public Health Emergency (PHE) declaration on October 15, 2021 the federal government has assured Americans that the PHE will remain in effect at minimum through January 15, 2022\(^1\) and an outlook of being extended through July 2022.

We write today urging Aetna Inc. to support continued coverage for tele-mental health services in line with the PHE declaration for all ambulatory levels of care—partial hospitalization program, intensive outpatient program and outpatient program. The U.S. continues to be in a pandemic and in the midst of flu season. Any termination of tele-mental health coverage would be detrimental to the health of our patients and your enrollees.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals and families with mental health and substance use disorder conditions. According to FAIR Health, mental health conditions accounted for almost 60% of the top 5 diagnoses delivered via telehealth in August 2021 versus 48% in August 2020.\(^2\)\(^3\) The utilization of telehealth has stabilized at rates 38 times higher than before the pandemic with 13-17% use across all specialties with higher penetration rates in psychiatry and substance use disorder treatment at 50% and 30% respectively.\(^4\)

Coverage for telehealth fills a vital gap for many Americans given provider shortages across the country. For example, 56% of counties in the U.S. do not have a psychiatrist, 64% of counties have a shortage of mental health providers, and 70% of counties lack a child psychiatrist.\(^5\) The mental health pediatric landscape presents a dire picture with hospitals across the nation reporting the inability to keep up with demand. St. Louis Children’s Hospital in Missouri is seeing 8-15 kids per day for behavioral health issues including suicide attempts, eating disorders, anxiety, and psychosis.\(^6\) At C.S. Mott Children’s Hospital in Ann Arbor, Michigan, administrators found medical admissions among adolescents with eating disorders during the first 12 months of the pandemic more than doubled the mean for the previous 3 years.\(^7\) At Arkansas Children’s, the hospital has seen a 150% increase in mental health disorder emergency room

---


\(^5\) Ibid.


\(^7\) Otto, A; Jary, J; Sturza, J; Miller, C; Prohaska, N; Bravender, T & Jessica Van Huyssee. Medical admissions among adolescents with eating disorders during the covid-19 pandemic. *Pediatrics* 2021; 148; DOI: 10.1542/peds.2021-052201
admissions. This uptick in mental health conditions has led the Children’s Hospital Association, American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatrists to launch “Sound the Alarm for Kids”, which is an awareness campaign to address this emergency.

In order to protect the health and safety of our patients and your plan enrollees, the continuation of telehealth coverage is critical. We remain increasingly concerned with impending telehealth coverage termination dates slated to take effect by December 31, 2021. These arbitrary dates are unconscionable given the PHE will still be in effect. Such coverage termination will result in the discontinuation of care for patients who are actively receiving an ambulatory level of care and prevent patients at higher levels of treatment from transitioning to the clinically essential ambulatory levels of care. Many patients seeking treatment will no longer have access to treatment at all, as the program they need will not be available in an on-site facility.

For these reasons, we urge you to protect the mental and behavioral health of your enrollees by ensuring telehealth coverage is maintained through the remainder of the PHE and look toward continued coverage post-PHE given the immense mental health needs for Americans.

Sincerely,

2020 Mom
American Association for Psychoanalysis in Clinical Social Work
American Counseling Association
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Global Alliance for Behavioral Health & Social Justice
International OCD Foundation
The Jewish Federations of North America
Maternal Mental Health Leadership Alliance
Mental Health America
National Alliance on Mental Illness

---


National Alliance to Advance Adolescent Health
National Association for Behavioral Healthcare
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Association of State Mental Health Program Directors
National League for Nursing
REDC Consortium
RI International
Schizophrenia & Psychosis Action Alliance
The Kennedy Forum

Cc: U.S. Senate Committee on Finance
U.S. House of Representatives Energy & Commerce Committee
Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight
National Association of Insurance Commissioners