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MHA
Mental Health America
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 NASW
National Association of Social Workers

 NAMI
National Alliance on Mental Illness

August 31, 2020

The Honorable Eugene Scalia
Secretary of Labor
U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue NW
Washington DC 20210

Re: Expanding Telehealth Services in All Self-Insured Plans and Sustaining them Beyond the COVID-19 National Emergency

Dear Secretary Scalia:

We are writing on behalf of the American Psychological Association (APA)¹, the American Psychiatric Association (APA)², the National Association of Social Workers (NASW)³, the National Alliance on Mental Illness⁴, and Mental Health America⁵ to ask the Department of Labor to take action to help ensure that tens of millions of Americans covered by self-insured plans regulated by your agency (Plans) have access to much-needed mental and behavioral

¹ The American Psychological Association represents more than 121,000 members and associates engaged in the practice, research, and teaching of psychology.

² The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with 38,800 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit www.psychiatry.org.

³ NASW represents over 110,000 member social workers nationwide who provide psychosocial services in a wide range of settings including hospitals, nursing homes, clinics and schools. Social workers are essential workers in responding to the pandemic and are providing in-person and virtual psychotherapy and case management services.

⁴ The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness through advocacy, education support, and public awareness.

⁵ Founded in 1909, Mental Health America (MHA) is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all Americans. MHA's national office and its 200+ affiliates and associates work every day through advocacy, education, research, and services to fulfill our mission of promoting mental health and preventing mental illness.

health services during this unprecedented crisis, which has caused sharp increases in anxiety, depression, substance use disorders and other conditions.

Telehealth services are now the predominant form of mental health treatment for millions of Americans during the COVID-19 public health emergency, in keeping with the need for physical distancing. Survey data suggests that a majority of mental health care specialists are providing care solely through telehealth modalities, in keeping with the need for physical distancing. Fortunately, President Trump has made expansion of telehealth services a priority for the Administration, including through coverage expansions adopted by the Department of Health and Human Services (HHS) and its Centers for Medicare and Medicaid Services (CMS). Most recently, the president issued an Executive Order on Monday, August 3rd, to further promote telehealth coverage expansion and services in rural areas.

The telehealth coverage extensions adopted by CMS include, but are not limited to: the elimination of geographic and originating site restrictions, allowing telehealth service delivery to new patients as well as existing patients, loosening of technology requirement for telehealth platforms and allowance of additional technologies such as smartphones, expansion of the services allowed to be provided via telehealth, coverage of audio only services, and parity in reimbursement between face-to-face services and telehealth/audio only services.

Many Plans governed by DOL (under the Employee Retirement Income Security Act of 1974 (ERISA)) have stepped up and made sure that these critical services are available to employees and their families through expanded telehealth policies. However, not all plans have matched the expanded telehealth policies from the CMS, states and commercial insurers, and we are deeply concerned that Plans that have done so may end this coverage in the near future, before the COVID-19 pandemic has ended.

Accordingly, we ask DOL to aid the response to the COVID-19 public health emergency by issuing information to Plans about the importance of telehealth services coverage of mental health and substance use disorder treatment services, and a recommendation to Plans that they:

- 1) Adopt telehealth services coverage expansions for their beneficiaries as described above, if they are not already doing so; and
- 2) Sustain these expansions for at least 12 months after the President and HHS Secretary discontinue the COVID-19 public health emergency (PHE).

These measures will ensure minimal disruption in the provision of mental and behavioral health services provided by licensed psychologists, psychiatrists and clinical social workers to millions of Plan beneficiaries . **It is particularly important that Plans follow CMS, states and commercial insurers by reimbursing for audio-only services for routine mental and behavioral health services.** Our members report that audio-only telehealth services are the only viable option for many patients, especially older or lower-income patients, who do not have access to videoconferencing technology, are not adept at using it, or do not have reliable broadband service.

Based on the mental health consequence of lower impact prior epidemics like SARS, experts predict that mental health impacts from COVID-19 will continue well after the PHE period. Expansions in telehealth coverage should be extended beyond the end of the public health emergency to ensure continuity of care for people with mental illness, behavioral health and substance use disorders, and to evaluate telehealth policies before Plans make any changes to policies that are currently working well.

We respectfully ask that you strongly encourage Plans to continue telehealth expansions for at least 12 months after the President and HHS Secretary discontinue the PHE. Even after health care practices are allowed to reopen in most states, there remains the substantial risk of coronavirus transmission between patients and mental and behavioral health providers, as well as addiction treatment providers, or among patients. Telehealth would mitigate these risks. This is an important public health consideration.

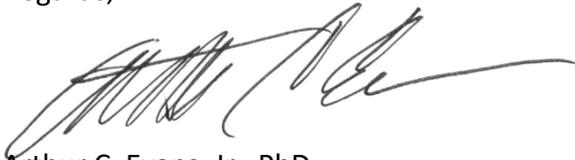
In addition, there are many individuals in need of mental and behavioral health care, including substance use disorder services, with pre-existing conditions and disorders that make them especially vulnerable to COVID-19 or prevent them from safely (or without great anxiety) leaving their homes and sharing close personal space with other people. This will be especially burdensome on moderate- and low-income patients who must take public transportation or rely on others to get to their appointments.

Mental and behavioral health providers, including addiction treatment providers, will also need time to prepare and modify their office policies, procedures and physical layout to safely resume treating patients through in-person services. Plans should not terminate their telehealth expansions until all of these public health, personal safety and clinical concerns can be thoughtfully addressed.

We would like to meet with DOL to discuss options for promoting expanded telehealth services coverage by Plans of mental health and substance use disorder treatment, and how we can

work with your staff to address the deep and long-lasting impact of this public health crisis on Americans' health and well-being.

Regards,



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