

November 2, 2023

Brian Kane, Executive Vice President, CVS Health and President, Aetna  
CVS Health Corporation  
Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156

Dear Mr. Kane,

On behalf of the undersigned organizations representing mental health and substance use disorder (MH/SUD) clinicians, consumers, advocates, family members, and other stakeholders, we write to express our concern with Aetna's announcement terminating several services to treat MH disorders and SUD via telehealth/telemedicine, including the intensive outpatient (IOP) and partial hospitalization program (PHP) levels of care effective December 1, 2023. These services have been offered by Aetna since the onset of the pandemic and no clinical rationale has been given for this upcoming termination in coverage, particularly at a crucial moment when the United States continues to experience a rise in the number of people needing treatment for MH disorders and SUD coupled with severe challenges in accessing this care.

The COVID-19 pandemic facilitated the rapid adoption of telehealth/telemedicine<sup>1</sup> among clinicians—especially for health care services to treat MH disorders and SUD. Telehealth/telemedicine represented less than 1% of outpatient care before the pandemic for both MH/SUD.<sup>2</sup> By the first half of 2021, it represented 40% of MH/SUD outpatient visits.<sup>3</sup> As of July 2023, FAIR Health reports mental health conditions accounted for over 68% of telehealth/telemedicine claims.<sup>4</sup> It is clear telehealth/telemedicine as a modality to deliver MH/SUD services continues to fill a great need for individuals and families.

Eliminating coverage for several services to treat MH disorders and SUD via telehealth/telemedicine, including at the IOP and PHP levels of care will remove access to treatment for patients across the country. For example, one MH/SUD clinician has three Aetna patients enrolled in a virtual IOP program with the nearest in-person facility between 115-400 miles away depending on where each patient resides. This policy will force patients to forgo treatment, increase acuity, and result in a higher and costlier level of care because of Aetna's coverage decision.

Additionally, Aetna's pending policy change is contradictory to many policies finalized and currently under consideration by federal agencies, including the Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Drug Enforcement Administration (DEA). CMS has now permanently expanded the definition of telehealth services under Medicare that are eligible for reimbursement to include audio-only services for the diagnosis, evaluation, or treatment of mental health disorders (including SUD). Many of the services identified in Aetna's bulletin for telehealth coverage removal will remain covered via telehealth (including audio-only in some cases) by the Medicare program in 2024. Additionally, CMS and SAMHSA have encouraged state Medicaid programs to expand telehealth coverage of services to treat MH disorders

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<sup>1</sup> Federal agencies, states, and payers often use the terms “telehealth” and “telemedicine” interchangeably, and have various definitions, pertinent to permissible telehealth modalities, reimbursement, and the prescription of controlled medications.

<sup>2</sup> Lo J; Rae M; Amin K; Cox C; Panchal N & Miller B. (March 15, 2022). Telehealth has played an outsized role meeting mental health needs during the covid-19 pandemic. Kaiser Family Foundation. Retrieved from <https://www.kff.org/mental-health/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/>

<sup>3</sup> Ibid.

<sup>4</sup> FAIR Health. (July 2023). Monthly telehealth regional tracker, July 2023. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/july-2023-national-telehealth.pdf>

and SUD. Separately, the DEA has made regulatory moves to expand the use of telemedicine to treat MH disorders and SUD. We encourage Aetna to align their coverage policies with those of CMS, which have undergone an extensive review and comment process dissimilar to Aetna's coverage announcement at the subject of this letter.

Lack of patient and clinician choice in determining what treatment modality is most appropriate undermines the shared decision-making between patient and their clinician. With over one-third of patients receiving treatment for MH disorders and SUD reporting they did not typically receive their preferred treatment modality, Aetna's upcoming policy change will widen this divide.<sup>5</sup> Importantly, there is a growing body of evidence that shows IOP delivered via telehealth boasts similar outcomes to in-person IOP services including length of stay, symptom reduction, and improvement in quality of life.<sup>6,7,8,9</sup>

We strongly urge Aetna to reexamine this upcoming change to ensure your enrollees and our patients can continue to receive the MH/SUD services they need without interruption in current care delivery and those pending admittance for treatment. We would welcome the opportunity to discuss this matter further with you and your colleagues.

Sincerely,

American Counseling Association

American Psychiatric Association

American Psychological Association

American Society for Addiction Medicine

Association for Ambulatory Behavioral Healthcare

Children's Hospital Association

Eating Disorders Coalition for Research, Policy, & Action

Inseparable

Mental Health America

National Association of Social Workers

National Eating Disorders Association

REDC

The Kennedy Forum

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<sup>5</sup> Sousa, J. (September 2023). Choosing or losing in behavioral health: a study of patients' experiences selecting telehealth versus in-person care. *Health Affairs*, Volume 42, Issue 9, pages 1275–1282. doi: 10.1377/hlthaff.2023.00487

<sup>6</sup> Bulkes, N. Z., Davis, K., Kay, B., & Riemann, B. C. (2022). Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults. *Journal of psychiatric research*, Volume 145, pages 347–352.

<https://doi.org/10.1016/j.jpsychires.2021.11.003>

<sup>7</sup> Vlavianos T; McCarthy M. (May 6, 2022). Positive outcomes in a virtual hospitalization program. *Journal on quality and patient safety*, Volume 48, Issue 9, pages 450-457. doi: 10.1016/j.jcjq.2022.04.007

<sup>8</sup> National Association for Behavioral Health Education and Research Foundation. (February 2023). Telehealth is effectively augmenting traditional partial hospitalizations and intensive outpatient programs. NACBH Issue Brief. Retrieved from

[https://www.nabh.org/wp-content/uploads/2023/02/NABH-Telehealth-and-PHP-IOP-Issue-Brief\\_2023-01\\_c.pdf](https://www.nabh.org/wp-content/uploads/2023/02/NABH-Telehealth-and-PHP-IOP-Issue-Brief_2023-01_c.pdf)

<sup>9</sup> Zimmerman, M., Benjamin, I., Tirpak, J. W., & D'Avanzato, C. (2021). Patient satisfaction with partial hospital telehealth treatment during the COVID-19 pandemic: Comparison to in-person treatment. *Psychiatry research*, 301, 113966.

<https://doi.org/10.1016/j.psychres.2021.113966>