October 20, 2020

Office of Governor Henry McMaster
State House
1100 Gervais Street
Columbia, SC 29201

Dear Governor McMaster,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage. Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency’s June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵ Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year. This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

³ Ibid.
⁵ Ibid.
tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient’s well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychiatric Association
American Psychiatric Nurse Association
American Psychoneuertiic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations for North America
Maternal Mental Health Leadership Alliance
Mental Health America
NAADAC, the Association for Addiction Professionals
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children’s Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Farmer