



June 2, 2020

Re: Sustaining Telehealth Services Beyond the COVID-19 National Emergency

Dear Insurance Commissioners:

Thank you for the flexibilities you have implemented in your state to enable broader deployment of telehealth during the COVID-19 public health emergency (PHE). These flexibilities have been instrumental in enabling millions of Americans to receive much-needed mental and behavioral health services during this unprecedented crisis, which has caused sharp increases in anxiety, depression, substance use disorders and other conditions. We are contacting you on behalf of 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 about the next steps to ensure minimal disruption in the provision of health services to your state citizens, particularly mental and behavioral health services provided by licensed psychologists, psychiatrists and clinical social workers. We urge you to keep in place expansions in telehealth policies enacted in response to the PHE as your state begins to reopen its economy and ensure ongoing access to care. Telehealth expansion includes but is not limited to the elimination of geographic and originating site restrictions, allowing services to new patients as well as existing patients, loosening of technology requirement for telehealth platforms and allowance of additional technologies such as smartphones, additional CPT codes allowed for telehealth, allowance of audio only services, and parity in reimbursement between face to face services and telehealth/audio only services.

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.

As states lift shelter-in-place restrictions and allow non-essential businesses to resume in-person operations, there will continue to be an increased need for mental health and substance use disorder services. Due to the scope and severity of the pandemic, we anticipate that mental health impacts will continue well after the PHE period. Furthermore, telehealth expansion has enabled millions of Americans to receive much-needed mental and behavioral health care, some of them for the first time. It is also critical to ensure continuity of care. A grace period is needed to ensure continuity of care for people with mental illness, behavioral health and substance use disorders and evaluate telehealth policies before your state makes any changes to its Medicaid and commercial health plans.

We respectfully ask that you extend the temporary emergency waiver in your state pertaining to telehealth for at least 12 months after the President and HHS Secretary discontinue the PHE. Even after health care practices are allowed to reopen, the risks of coronavirus transmission between mental and behavioral health providers, as well as addiction treatment providers and patients, or among patients, remain. Telehealth would mitigate these risks. This is an important public health consideration. Also, 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 health care appointments. The Centers for Medicare and Medicaid Services' (CMS) recent guidance permitting reimbursement of mental and behavioral health services provided by audio-only devices (such as a landline) further demonstrates the need to increase access to these services now more than ever. 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. Any reinstatement of pre-waiver telehealth policy, especially any restrictions on the use of telehealth, should carefully consider and be heavily predicated on the mental health access needs of individuals and families in your communities.

We ask that you follow the actions taken by CMS reimbursing for services provided by audio-only services and mandate that Medicaid and commercial health plans reimburse for audio-only services for routine traditional mental and behavioral health services.

This public health crisis will have a long-lasting impact on our healthcare system and how mental and behavioral health services are delivered in the future. We would like to collaborate with you and local health care authorities to evaluate which changes made during the PHE should be sustained to ensure sufficient access to care.


Please let us know how we can best partner with you moving forward. We are happy to answer any questions about the requested extension. Please contact Dr. Stephen Gillaspay, Senior Director, Health Care Financing, American Psychological Association at SGillaspay@apa.org, Erin Philp, Director, State Government Relations, American Psychiatric Association at

EPhilp@psych.org, Anna Mangum, Deputy Director of Programs, National Association of Social Workers at AMangum.nasw@socialworkers.org, Jennifer Snow, Director, Public Policy, National Alliance on Mental Illness, at JSnow@nami.org, and Debbie Plotnick, Vice President, State and Federal Advocacy, Mental Health America at DPlotnick@mhanational.org to discuss next steps in ensuring access to mental and behavioral health services for your state citizens during this crisis and beyond.

Regards,



Arthur C. Evans, Jr., PhD
Chief Executive Officer
American Psychological Association



Saul Levin, MD, MPA, FRCP-E, FRCPsych
Chief Executive Officer and Medical Director
American Psychiatric Association



Angelo McClain, PhD, LICSW
Chief Executive Officer
National Association of Social Workers (NASW)



Daniel H. Gillison, Jr.
Chief Executive Officer
National Alliance on Mental Illness



Paul Gionfriddo
President and Chief Executive Officer
Mental Health America

CC: National Association of Insurance Commissioners