



April 1, 2019

The Honorable Mike Thompson  
406 Cannon House Office Building  
Washington, DC 20515

The Honorable Peter Welch  
2187 Rayburn House Office Building  
Washington, DC 20515

The Honorable David Schweikert  
1526 Longworth House Office Building  
Washington, DC 20515

The Honorable Bill Johnson  
2336 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brian Schatz  
722 Hart Senate Office Building  
Washington, DC 20510

The Honorable Roger Wicker  
555 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable John Thune  
511 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Benjamin Cardin  
509 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mark Warner  
703 Hart Senate Office Building  
Washington, DC 20510

The Honorable Cindy Hyde-Smith  
702 Hart Senate Office Building  
Washington, DC 20510

Dear Representatives Thompson, Welch, Schweikert, and Johnson and  
Senators Schatz, Wicker, Thune, Cardin, Warner, and Hyde-Smith,

The Association for Behavioral Health and Wellness (ABHW) appreciates your interest in encouraging use of, and expanding access to, telehealth services. We are also grateful for the opportunity to provide input as you begin to craft comprehensive telehealth legislation for the 116<sup>th</sup> Congress.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200

million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

Expanding access to telehealth services is a priority for ABHW member companies. Telehealth services have been proven to drive important advancements for patients, expand access to care, improve health outcomes, reduce inappropriate use of psychotropic medications, overcome the stigma barrier, and reduce costs. Given that approximately 1 in 5 adults have a mental illness and 1 in 12 have a substance use disorder, and the fact that there is a growing shortage of behavioral health providers to respond to this significant need for service, the expansion of telehealth is vital to help address this growing need for treatment.

Over the past decade, telebehavioral health care has gained recognition as a solution to enhance access to quality behavioral health care in the U.S. Telehealth can create an equitable treatment option to those with limited or no access to behavioral health services. While great legislative and regulatory advancements have been made to eliminate barriers to reimbursement for telehealth, barriers to its use and expansion remain.

Telebehavioral health can open the door for improved access, clinical efficacy, coordinated care, and cost-effectiveness through the following:

- **Access to Care:** Telebehavioral health care can increase access to behavioral health care for those in need of treatment by overcoming challenges to care seeking and adherence related to geography, stigma, time constraints, physical health limits, transportation costs, privacy concerns, and provider shortages.
- **Clinical efficacy:** Telephone or video delivery of evidence-based therapy has been demonstrated effective for many behavioral health conditions. For example, controlled trials have documented clinically meaningful improvements in depressive and anxiety symptoms (JAMA 2012, 307; American Journal of Geriatric Psychiatry 2017, 25).
- **Coordinated Care:** For individuals with comorbid behavioral health and/or chronic health conditions, telebehavioral health has been shown to reduce medical and psychiatric hospitalizations by as much as 30

percent and promote overall medical cost savings (Psychiatric Services 2017, 68 and 2010, 63 and American Journal of Managed Care 2015, 21).

- Cost effectiveness: While telebehavioral health care can be comparable in cost to traditional face-to-face delivery of care, it often results in cost savings attributable to reduced transportation costs, decreased work productivity impairment, avoided unnecessary medical utilization, and early identification and prevention of high-cost severe manifestations of untreated behavioral health conditions.

### **Recommendations**

The comments below reflect ABHW's recommendations on ways to expand access to telehealth services.

- Eliminate originating site and rural limit restrictions in Medicare fee-for-service (FFS) and in particular, ensure that these restrictions are lifted for mental health and substance use disorders (SUD) in FFS, Medicare Advantage (MA), and Accountable Care Organizations (ACOs). Lifting this barrier will accelerate the use of telehealth, not just in Medicare FFS but in other Medicare programs as well. Broadening the use of telehealth in any market creates a bigger demand and that, in turn, attracts more providers.

The original intent of the telehealth regulation regarding urban versus rural communities was based on the assumption at the time that rural areas were underserved. While that assumption is still valid, present reality shows that many urban areas also suffer a shortage of qualified doctors and could similarly benefit from telehealth. Making telementalhealth services available in all settings is one way to optimize the psychiatric workforce.

- Address state licensure issues to allow providers to deliver telehealth services across state lines. We support common licensure requirements for providing telehealth services in order to allow for healthcare providers to provide such services across state lines.
- Expand the list of eligible Medicare providers to include all behavioral

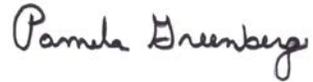
health practitioners who are licensed to practice independently. Doing so will not only help increase access to telehealth by growing the pool of available providers, it will also help reduce costs because these providers provide quality, evidence-based care that is oftentimes a less expensive alternative to a doctor's care.

- Lessen the barriers created by the Ryan Haight Act that prevent providers from prescribing medicine via telehealth services without a prior face to face visit. There is little evidence to support this policy and it creates a barrier to medically necessary care. Not all people are able to have an initial visit with a provider in person due to behavioral health provider shortages or physical difficulty traveling.
- Include coverage of peer support services, these services are an effective component of behavioral health treatment and have a positive impact on consumers. In that vein, we propose allowing Medicare providers to code for group mental health or substance use telehealth services. In addition to peer services, peer interaction in a group setting is also an effective tool for treating mental illness and SUDs.
- Encourage the Centers for Medicare and Medicaid Services (CMS), in the MA program, to not require plans that offer services under Medicare Part B to also provide enrollees with an in-person service option. In some locations no in-person provider is available and that is why the telehealth services are being offered. Furthermore, not requiring the in-person option would fully recognize the shift in the manner in which health care is delivered and allow for the realization of additional cost savings.
- Recognize telehealth providers in the assessment of network adequacy in both rural and urban areas. In many cases telehealth is replacing some of the in person care an individual is receiving. Therefore, the availability of these providers should be considering when evaluating a plan's network adequacy.

Thank you for the opportunity to provide this input and for your attention toward the advancement of telehealth opportunities. For information on telebehavioral health care as a solution to improve cost, access, and quality of

care please see our white paper available at <http://www.abhw.org/publications/pdf/ABHWTelehealthWhitePaper.pdf>. We look forward to working with you on this important topic. Feel free to contact me at [greenberg@abhw.org](mailto:greenberg@abhw.org) or (202) 449-7660 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Greenberg".

Pamela Greenberg, MPP  
President and CEO