Background

Over 46 million Americans experience a mental illness in any given year, and in 2016 over 20.1 million people had a substance use disorder; yet we know that less than half of those people are receiving treatment. Telehealth, the use of digital communication technologies, such as computers and mobile devices, for health care service delivery, can create an equitable treatment option to those with limited or no access to behavioral health services. While great advancements have been made to eliminate barriers to reimbursement in Medicare Advantage plans, numerous challenges still face telebehavioral health care, including barriers to reimbursement in Medicare Fee-for-Service plans, state provider licensing requirements, and limitations from the Ryan Haight Act.

Recommendations

The benefits of telebehavioral health can be seen in many populations including children and adolescents who appreciate the use of technology, patients who reside in areas where there is a shortage of providers, elderly or immobile patients who may have difficulty leaving their homes, military veterans, and incarcerated populations. 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.
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 health outcomes.

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, and avoided unnecessary medical utilization. Early identification and prevention of high-cost severe manifestations of untreated behavioral health conditions have attributed to cost-savings as well.

ABHW supports legislation and regulation to:

- 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).
- Address state licensure issues to allow providers to deliver telehealth services across state lines.
- Allow Medicare providers to bill for group mental health or substance use telehealth services.
- Expand the list of eligible Medicare providers to include all behavioral health practitioners who are licensed to practice independently and permit them to provide telehealth services.
- Permit peer service providers to deliver telehealth services.
- Lessen the barriers created by the Ryan Haight Act that prevent providers from prescribing medicine via telehealth services.
- Recognize telehealth providers in the assessment of network adequacy in both rural and urban areas.