



April 22, 2020

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Senate Democratic Leader
United States Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
House Republican Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

The Association for Behavioral Health and Wellness (ABHW) thanks you for your continued leadership in responding to the COVID-19 crisis. Congress has taken important steps to address the urgent needs facing the health care industry and to deliver relief to families and small businesses. As you continue to advance policies to support our nation during this difficult time, it is important to recognize the impact COVID-19 is having on the behavioral health of individuals and communities.

ABHW is the trade association which serves as 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 (SUDs), and other behaviors that impact health and wellness. Our member companies are actively trying to address the behavioral health crisis during the pandemic. You can view the document [here](#) outlining some of the efforts currently underway.

The increase in, and the impact on, mental health and SUDs as a result of social isolation, job loss, and domestic violence related to COVID-19 will continue long after the protective measures we have put in place are lifted. As you prepare future coronavirus packages, we strongly encourage you to include the following legislation and policies that can play a critical role in expanding access to mental health and SUDs services that will be needed as a result of COVID-19 and also will provide long lasting improvements to our nation's behavioral health system.

Make permanent the use of telehealth for mental health services. We appreciate the guidance issued on March 17, 2020, from the Centers for Medicare and Medicaid Services (CMS), waiving restrictions on how and where individuals can access telehealth services. In the midst of social distancing waiving these restrictions has been vital to the ability to access care and making the changes permanent will help address the growing need for behavioral health services, we urge Congress to make permanent:

- the removal of the geographic restrictions on originating sites, and
- the addition of the home as an originating site.

Waive IMD Medicaid exclusion. We urge Congress to remove policy barriers to mental health and addiction care that inhibit our ability to respond to the crisis. This includes ending the Institutions for Mental Diseases (IMD) exclusion, which prohibits Medicaid reimbursement for adults under 65 in residential behavioral health facilities with more than 16 beds. National hospital capacity is expected to be pushed to its limits during the COVID-19 pandemic. Waiving the exclusion to Medicaid funding for inpatient behavioral health treatment would free up beds in local hospitals allowing them to better manage the surge capacity in both inpatient and emergency departments to care for COVID-19 patients.

Strengthen and expand the behavioral health workforce. We encourage Congress to maintain existing provider infrastructure, expand access to care, and address workforce shortages in order to help ensure people who need mental health and/or SUD treatment get the care they need. We support requests for \$38.5 billion in emergency supplemental funding for behavioral health organizations to ensure they can remain open and operating during the COVID-19 crisis. Additionally, we ask Congress to lift the barriers below so that we are making full use of available providers to treat behavioral health needs.

Medicare coverage of mental health counselors and marriage and family therapists
ABHW recommends recognizing mental health counselors (MHCs) and marriage and family therapists (MFTs) as covered Medicare providers to address the gaps in care for Medicare beneficiaries. Recognition of MHCs and MFTs would increase the pool of eligible mental health professionals by over 200,000 licensed practitioners. Studies have shown that these providers have the highest success and lowest recidivism rates with their patients as well as being the most cost effective.¹ We ask you to include the Mental Health Access Improvement Act (H.R. 945/ S. 286) in the next COVID-19 legislative package. This legislation would recognize MHCs and MFTs as covered Medicare providers and help address the critical gaps in care and ensure access to needed services.

¹ D. Russell Crane and Scott H. Payne, "Individual Versus Family Psychotherapy in Managed Care: Comparing the Costs of Treatment by the Mental Health Professions," *Journal of Marital & Family Therapy* 37, no. 3 (2011): 273-289.

Peer Support Services

We encourage Congress to provide funding for virtual peer support services for individuals with mental health and SUDs. This can be supported through group support meetings to reduce the sense of isolation for individuals without access to in-person support due to distance, reticence, or in this case, a global pandemic. In addition, people living with mental health conditions and SUDs benefit from support delivered by a certified peer support specialist. These paraprofessionals are individuals with lived experience of recovery from a mental health or SUD. This evidence-based practice helps individuals navigate the often-confusing health care system, get the most out of treatment, identify community resources, and develop resiliency. Assisting with these activities is even more critical during the current pandemic as individuals and communities are social – distancing and sheltering in place. Engaging with treatment and care has been disrupted; and finding and utilizing support in a timely manner can help mitigate negative health outcomes.

Technology Infrastructure

As many providers see an increased need for behavioral health services and likely more to come, shifting to tele-behavioral health is critical. More than 57 million Americans are diagnosed with mental health or SUDs, and those numbers have, and will continue to, grow during the pandemic. While behavioral health providers are rapidly transitioning to virtual care, trying to keep up with regulatory and licensing obstacles and changes, there is a great need to invest in technology infrastructure and equipment. It is crucial that Congress provide targeted funding for behavioral health providers to purchase and implement electronic health information systems and telehealth technology.

Permanently eliminate the in-person evaluation requirement from the Ryan Haight Act. While there is a temporary removal, during the national health emergency, of the requirement from the Ryan Haight Act that providers conduct an in-person evaluation prior to prescribing medicine via telehealth services, we ask Congress to permanently eliminate this requirement. 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. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) requires the United States Attorney General to promulgate regulations specifying the limited circumstances in which a special registration for telemedicine may be issued that allows providers to prescribe controlled substances via telemedicine without a face to face visit. However, this special registration would only be allowed if there is a “legitimate need” such as a lack of in-person providers. This limited exception means barriers to telehealth will remain after the pandemic.

Suspend Drug Enforcement Administration (DEA) practitioner waiver. We urge the DEA to suspend the practitioner waiver to prescribe buprenorphine. We encourage Congress to include H.R. 2482 and S. 2074, the Mainstreaming Addiction Treatment Act of 2019, to expand access to medication – assisted treatment (MAT). This legislation would

remove a major hurdle to prescribing, thereby increasing the number of providers able to provide MAT. We do support efforts to educate providers to assist in treating patients with SUDs. However, it is important to remove regulatory hurdles to help reduce unmet and growing needs for SUD treatment.

Expand community behavioral health organizations' opportunity to provide services through telehealth. We strongly recommend that community behavioral health organizations (CBHOs) be permitted to serve as distant locations for Medicare telehealth. A distant site is where the practitioner is located during the time of the telehealth service. This would allow CBHOs to furnish telehealth services to beneficiaries in their home further ensuring access and limiting treatment disruption. This action was done for Federally Qualified Health Centers and Rural Health Centers in the Coronavirus Aid, Relief and Economic Security (CARES) Act.

Support suicide prevention efforts. Support 9-8-8 as the National Suicide Prevention Lifeline three - digit number. It is now more evident than ever that Americans must be able to readily access mental health crisis services through a ubiquitous, easy-to-remember phone number like 9-8-8. We urge you to include H.R. 4194 and S. 2661, the National Suicide Hotline Designation Act of 2019, designating 9-8-8 as the universal number national suicide prevention and mental health crisis hotline. Delaying the implementation of 9-8-8 is not an adequate response to public demand for more robust crisis service delivery. Incidences of mental health crises and suicides have been increasing annually, and will be exasperated by the social, health, and economic impact of the COVID-19 pandemic.

In addition to swiftly putting the crisis line into place, it is equally important that the crisis line have adequate resources so that it can operate effectively and handle call volume and crisis chat capacity to ensure all Americans have access. Since demand will undoubtedly increase for services of the crisis line, there will need to be significant investment after the initial implementation to expand capacity and provide services consistently to mental health crises. Therefore, we ask that you also include H.R. 4564, the Suicide Prevention Lifeline Improvement Act, in your legislative package.

Provide premium subsidies for continuation of health coverage. We recommend that Congress take immediate action to help consumers maintain the employer-sponsored health insurance coverage they have and access the care they need. We ask Congress to ensure the affordability of premiums for individuals who lose their employer-sponsored coverage, or who have coverage in the individual market and are having trouble keeping up with their payments due to the pandemic. Specifically, we recommend that Congress provide temporary subsidization of premiums for employees selecting COBRA or other state group health continuation coverage to make health coverage affordable and mitigate gaps in accessing needed care for individuals and their families.

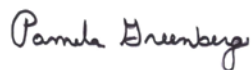
Increase the Federal Medical Assistance Percentage (FMAP) to states. The Families First Coronavirus Response Act increased FMAP by 6.2 percent to states. However, to ensure that states have sufficient resources to adequately cover and care for the Medicaid population during this crisis, additional increases are needed. ABHW supports an additional 5.8 percent FMAP increase, for a total enhanced match of 12 percent, to assist states and counties in their response to COVID-19. This is consistent with the request of the National Governors Association and many other stakeholders.

Health coverage for individuals released from jails and prisons. Many states and localities are working to address the coronavirus threat in jails and prisons by granting early release for some individuals. ABHW strongly supports H.R. 1329, the Medicaid Reentry Act, to grant Medicaid eligibility to incarcerated individuals 30-days prior to their release to promote the health care needs of individuals transitioning back into communities. This is even more critical in the midst of the coronavirus pandemic.

According to the Bureau of Justice Statistics, more than half of those in the criminal justice system suffer from a mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring SUD. Allowing incarcerated individuals to receive services covered by Medicaid 30-days prior to their release from jail or prison will expand access to vital mental health and addiction services. Equipping individuals with timely access to addiction, mental health, and other health-related services before release, will facilitate the transition to community-based care upon release that is necessary to help break the cycle of recidivism.

Thank you for the opportunity to provide suggestions to address access to mental health and addiction services in future coronavirus legislation. If you have any questions or would like to discuss ABHW's proposals please contact Maeghan Gilmore, Director of Government Affairs, at 202.449.7658 or gilmore@abhw.org.

Sincerely,



Pamela Greenberg, MPP
President and CEO
ABHW