



Advancing Health Care Policy
for Mental Health and Addiction

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ABHW Submits Comments to the Taskforce on Telehealth Policy on the Implementation of Telehealth Services During COVID-19 Pandemic

Washington, DC (July 14, 2020) – The Association for Behavioral Health and Wellness (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, submitted comments to the Taskforce on Telehealth Policy (TTP) on the adoption of telehealth during the COVID-19 public health emergency (PHE).

ABHW appreciates actions by the Administration and Congress to expand telehealth services during the COVID-19 PHE. While these legislative and regulatory advancements have assisted to eliminate barriers to reimbursement for telehealth, obstacles to its use and expansion remain.

ABHW and its member companies are cautious about making specific recommendations for telehealth provisions to be made permanent without enough data to support the success of telehealth in all areas of behavioral health. However, ABHW supports the following efforts to implement a reasonable transition period following the PHE and further calls for investments to understand which telehealth services are clinically beneficial to patients.

- **Expand telehealth and its effect on total cost of care.** Although a large percentage of patients are utilizing telehealth to access needed behavioral health care during the pandemic, studies are necessary to understand whether all behavioral services can be given and received effectively through telehealth.
- **Enhance patient safety and program integrity in remote care services.** It is critical to understand whether audio-only therapy and counseling are effective as a long-term strategy. We encourage continued documentation of sessions and record keeping for telehealth. It is also important to get ahead of potential fraud and abuse of audio-only services by outlining requirements and criteria for assessment.
- **Assess the impact of telehealth expansion on quality and patient experience.** In order to better comprehend quality and patient experience, the use of quality measures, patient satisfaction surveys, research, and a comparative analysis of in-person care pre-COVID-19 to telehealth care during COVID-19 should be conducted.

ABHW also recognizes the need to lift certain policy barriers in order to provide access to telehealth and therefore encourages TTP to consider the following permanent policy recommendations.

- **Remove the geographic restrictions on originating sites and allow the addition of the home as an originating site.** Allow Medicare patients to access telehealth services regardless of where they are and include their home as an originating site.
- **Allow providers maximum flexibility to deliver telehealth service across state lines.** Federal programs like Medicare and Medicaid should allow a licensed provider to treat a beneficiary wherever they may be located without regard to state licensing restrictions.
- **Eliminate the in-person evaluation requirement from the Ryan Haight Act.** The requirement creates a barrier to medically necessary care. Not everyone is able to have an initial in-person visit due to behavioral health provider shortages or physical difficulty traveling.
- **Expand community behavioral health organizations' (CBHOs) opportunity to provide services through telehealth.** Allow CBHOs to serve as distance locations for Medicare telehealth to ensure access and limit treatment disruption.

Read ABHW's complete letter >> [HERE](#)

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[ABHW](#) is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW's members include national and regional health plans who care for more than 200 million people. Together we work to reduce stigma and advance federal policy on mental health and addiction care. Member companies - Aetna Behavioral Health, AmeriHealth Caritas, Anthem/Beacon, Centene Corporation, Cigna, Kaiser Permanente, Magellan Health, New Directions Behavioral Health, and Optum.