

December 19, 2024

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate Washington, DC
20510

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Johnson, Leader Schumer, Leader Jeffries, and Leader McConnell:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit its legislative priorities and recommendations for passage before the end of this Congress. ABHW is grateful for your leadership and bipartisan commitment to addressing urgent behavioral health care needs for all Americans. We look forward to working closely together on our shared goal to improve access to mental health (MH) and substance use disorder (SUD) treatment.

ABHW is the national voice for payers managing behavioral health insurance benefits. Our member companies provide coverage to approximately 200 million people in the public and private sectors to treat MH, SUDs, and other behaviors that impact health and wellness.

Our organization aims to increase quality access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, through our policy work, we strive to promote equal access to quality treatment and address the stark inequities created by systemic racism. We are deeply concerned about health disparities in MH and SUD services in this country and are committed to promoting health equity in the health care system.

Our recommendations for inclusion in an end-of-year legislative package are explained below.

Telehealth Flexibilities

ABHW supports evidence-based telehealth services and the removal of unnecessary barriers to telehealth delivery. These services are crucial to so many individuals, especially those who have difficulty leaving their homes at all or without assistance. Our members encourage expanding appropriate telehealth services to improve access, clinical efficacy, coordinated care, and cost-effectiveness. In an end-of-year package, we **recommend extending the Medicare telehealth flexibilities and delaying the in-person requirement for tele-mental health services in Medicare for two years.** We also urge you to **extend tele-mental health services under high-deductible health plans.**

Delay the Medicare Mental Health Service In-Person Requirement. Requiring that individuals must have an in-person visit with a provider within six months before receiving a tele-mental health service creates an unnecessary and stigmatizing burden to care. The Consolidated Appropriations Act of 2023 allowed for a temporary delay of this six-month in-person requirement for tele-mental health services under Medicare. However, this provision is set to expire on December 31, 2024. We urge Congress to follow the House Ways and Means Committee and the Energy and Commerce Committee, which have shown support for provisions that extend the delay of the six-month, in-person telehealth requirements by two years. **This delay would allow patients, providers, and payers to ensure continued access** to critical mental health services.

Expanding Tele-mental Health Services. The expanded tele-mental health flexibilities for Health Savings Account-eligible plans with the passage of the Coronavirus Aid, Relief and Economic Security (CARES) Act and subsequent extensions to the end of 2024 have helped millions of Americans access the care they need. Without congressional action, employers will be required to charge employees more to access telehealth services, creating a barrier to care, including tele-mental health treatment. The nation's growing mental health crisis demonstrates that Americans need more access to affordable mental and behavioral health services, not less. The bipartisan, bicameral *Telehealth Expansion Act of 2023 (H.R. 1843/S. 1001)* helps to expand tele-mental health services by exempting high-deductible health plans from the requirement of a deductible for telehealth and other remote care services. We urge Congress to enact legislation this year to ensure this important flexibility **to exempt high-deductible health plans from a deductible requirement for telehealth and other remote care services does not expire.**

Ensuring Access to Substance Use Disorder Treatment

Reauthorize the SUPPORT Act. ABHW also urges Congress to reauthorize the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act*, which expired September 30, 2023. The SUPPORT Act is critical to effectively addressing SUDs and co-occurring MH conditions. The policies and provisions in the SUPPORT Act will continue to embrace prevention, treatment, and a pathway to recovery. **We ask that Congress work together to include this important legislation to advance our collaborative efforts to prevent and treat SUDs.**

Expanding the Telehealth Response for SUD Treatment. Enhancing access to medication-assisted treatment (MAT) is more critical than ever as we continue to make progress in reducing the number of overdose deaths. Medications like buprenorphine are the best way to treat opioid use disorder (OUD) and curb overdose deaths. Still, these medications are often unavailable to those who need them. Fewer than 1 in 5 people with an OUD receive medication. The *Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act (H.R. 5163/S. 3193)* is **bipartisan, bicameral legislation that would waive the in-person requirement and instead allow the use of audio-only or audio-visual telehealth services for people with opioid use disorder.** Accessing buprenorphine via telehealth can help close the treatment gap by removing obstacles to care. Transportation challenges, childcare responsibilities, taking time off work, and stigma can make it hard for people to make appointments to receive SUD treatment in person. Workforce shortages and long wait times for new patients also impact access to in-person treatment. We urge Congress to enact this legislation so individuals have increased accessibility to SUD treatment.

Expanding Access to Methadone Treatment. ABHW supports enhancing access to medication-assisted treatment (MAT). Research has shown that MAT is the most effective intervention to treat opioid use disorders (OUDs) as it significantly reduces illicit opioid use compared to non-drug approaches. Increased access to MAT has also been shown to reduce overdose fatalities. The *Modernizing Opioid Treatment Access Act (MOTAA) (H.R. 1359/S. 644)* is bipartisan, bicameral legislation that would responsibly expand access

to methadone treatment for OUD. MOTAA **will permit physicians who are board-certified in addiction medicine or addiction psychiatry to prescribe methadone for OUD, subject to appropriate federal and state oversight.** We believe that passing this legislation will help to continue the progress we've made in turning the tide on the overdose crisis facing our nation, saving lives while promoting treatment and recovery.

Integrated Care

ABHW strongly believes that coordinating medical and behavioral health care improves health outcomes and is more cost-effective. Additionally, ongoing workforce shortages and lack of care coordination continue to impede access to needed behavioral health services. The *Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act (H.R. 5819/S. 1378)* is legislation that would increase the use of integrated care models. The COMPLETE Care Act would help clinicians and practices adopt these innovative, integrated delivery models. By facilitating coordinated care among health professionals in the primary care setting, these team-based models can increase access, reduce wait times for treatments, improve patient outcomes, and reduce overall treatment costs. The COMPLETE Care Act **would also temporarily increase the Medicare payment for existing integrated care codes and provide technical assistance to practices.** It is a logical and much-needed step toward ensuring integrated behavioral health care is more widely implemented so patients can get the care they require to lead healthy, fulfilling lives.

Ensure Health Coverage for Individuals Released from Jails and Prisons

According to the Bureau of Justice Statistics (BJS), more than half of those in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring SUD. The *Reentry Act (H.R.2400/S.1165)* and the *Due Process Continuity of Care Act (H.R.3074/S.971)* address this growing concern. Both bills will help integrate SUD treatment into carceral settings, reduce recidivism, and prevent overdose deaths. **The Reentry Act would allow Medicaid coverage to start 30 days before release, and the Due Process Continuity of Care Act would allow Medicaid coverage while an individual is awaiting trial.** During a deadly overdose crisis, these bills are commonsense solutions to increase the availability of SUD treatment for incarcerated individuals, decrease overdose deaths, and better protect public health and safety.

Reauthorize Community Health Center Funding

Community health centers provide critical health care and preventive services to millions of Americans. Health centers impact individuals' lives through better health outcomes, reducing emergency department use and expensive hospital admissions. Further, many individuals and families, especially in rural and underserved communities, have access to care, including MH and SUD services, because community health centers are in their communities. We urge you to reauthorize funding for Community Health Centers to ensure continued access to cost-efficient, quality primary care and behavioral health services.

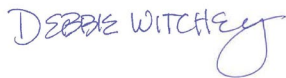
Preserve Enhanced Premium Tax Credits

At a time when Americans are concerned with rising costs, including health care costs, the enhanced premium tax credits available on the individual health care marketplace have made it possible for more than 21 million Americans to purchase coverage on their own. These tax credits have also been critical for rural Americans, who have many barriers to care and live in areas where health care costs are often higher. This issue has a larger impact on health care costs for all Americans, since we all bear higher costs when the

uninsured rate rises. We ask Congress to **preserve the enhanced tax credits to ensure millions of Americans who previously struggled to afford health insurance now have comprehensive coverage at lower costs.** Extending these credits will help families avoid financial hardship while ensuring they receive essential medical care.

Thank you for the opportunity to provide feedback on crucial behavioral health policies. If you have any questions or want to discuss ABHW's policy priorities, please contact Maeghan Gilmore, Vice President of Government Affairs, at gilmore@abhw.org.

Sincerely,

A handwritten signature in blue ink that reads "DEBBIE WITCHEY". The signature is written in a cursive style with a large, stylized "y" at the end.

Debbie Witchey, MHA
President and CEO