



April 27, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, DC 20201

Dear Secretary Azar:

**COVID-19 isn't just affecting our physical health and daily life—it's affecting our mental health.** From loneliness and depression resulting from isolation, stress and anxiety from the danger of contagion, grief and trauma from losses, to despair from losing employment and trying to make ends meet, our country is in pain. Nearly half of Americans report that the coronavirus has had a negative impact on their mental health.<sup>i</sup> And a recent report projects that the effects of the pandemic will lead to significantly more overdose deaths, suicides and hundreds of thousands more people with substance use disorders.<sup>ii</sup>

On April 9th, President Trump emphasized the role of mental health during this crisis when he hosted a call to discuss “the Administration’s commitment to serving the American people who are facing mental health questions and challenges as the result of COVID-19.” As organizations representing tens of millions of Americans with mental health and substance use conditions-- and the providers who serve them---we share in this commitment.

We recognize that Congress and the Administration have taken important steps to address the nation’s opioid, mental health, and suicide crises. The gains our country made, however, are in peril due to the enormous challenges imposed by the COVID-19 crisis. **We are writing to bring your attention to two urgent matters: 1) the risk of economic collapse of many local behavioral health providers; and 2) the lack of full access to and reimbursement for telehealth services, including by telephone, in a manner equivalent to an in-person visit.**

**Funding for Local Providers**

A recent survey of providers by the National Council for Behavioral Health shows that the danger is imminent: more than 60% of providers have already been forced to close one or more

programs and 62% of providers cannot survive more than three months without emergency financial assistance. These alarming results stem from the \$38.5 billion in revenue that mental health and addiction treatment providers estimate they will lose this year.

The situation is even worse in some states. For example, in Kentucky, more than 85% of providers have already closed programs, while 80% of South Carolina providers and nearly 90% of Florida providers expect to close their doors by July. Providers in states ranging from Arizona and Michigan to Pennsylvania and New Jersey have already shut their doors.

Such dire outcomes are exactly what the appropriations to the Public Health and Social Services Emergency Fund are intended to prevent. We fully support emergency assistance for hospitals, treatment of the uninsured, and rural and Indian Health Service providers. Unfortunately, few mental health and addiction providers will receive any of the \$100 billion in the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding because it has been disbursed through Medicare.

**We urge you to prioritize mental health and addiction treatment providers as you prepare to distribute the additional \$75 billion in funding for the Public Health and Social Services Emergency Fund.**

To efficiently disburse timely emergency funds, we encourage the Department to use state Medicaid programs as the conduit for direct payments to behavioral health providers, much as Medicare was used as a conduit to distribute funds to hospitals and other providers. Additionally, we recognize that there are some critical mental health and addiction providers who do not participate in Medicaid. We urge SAMHSA to assist in a distribution plan to support these providers.

### **Access to Telehealth via Telephone**

In addition to preserving our vital community infrastructure of mental health and addiction providers, it is essential that providers are able to reach the many people who are struggling at home.

We appreciate the guidance the Administration has provided to expand access to and reimbursement for telehealth. Such access has become a lifeline for people across our country. Yet many people, particularly older and rural Americans, lack video-conferencing capability or simply don't know how to communicate in this manner. In addition, according to recent reports from the Federal Communications Commission and others, between 21.3 million and 42 million Americans lack broadband access. Low-income individuals, including those with serious mental illness, may have phones with limited data or lacking video capability. Older adults, particularly those with mental health and substance use conditions, are extremely vulnerable to COVID-19 and urgently need to connect to their behavioral health providers by whatever means are available to them.

**We urge you to lift the current Medicare prohibition on audio-only telehealth to allow access to a range of mental health services<sup>iii</sup> by telephone and ensure they are reimbursed the same as an in-person visit.**

Without these two important administrative actions, the short- and long-term consequences will be devastating, particularly given the increasing toll the COVID-19 health emergency is having on our nation's mental health. COVID-19 has increased anxiety, fear, isolation, and grief, leading to declining mental health and an increase in substance use. Last month, SAMHSA's Disaster Distress Helpline saw an 891 percent increase in calls over the previous year. With these rapidly-rising demands, our behavioral health providers need support in order to provide mental health and addiction services now—and as our country recovers from this crisis.

We appreciate your consideration of these urgent requests and your commitment to the Department's mission to enhance and protect the health and well-being of all Americans.

Sincerely,

American Foundation for Suicide Prevention  
American Psychiatric Association  
American Psychological Association  
Fountain House  
The Kennedy Forum  
Massachusetts Association for Mental Health  
Meadows Mental Health Policy Institute  
Mental Health America  
National Alliance on Mental Illness  
National Council for Behavioral Health  
One Mind  
Peg's Foundation  
Steinberg Institute  
Treatment Advocacy Center  
Well Being Trust

cc: The Honorable Administrator Seema Verma  
The Honorable Assistant Secretary Elinore F. McCance-Katz

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<sup>i</sup> Panchal, Nirmita, Kamal, Rabah, et al. (April 21, 2020). *The Implications of COVID-19 for Mental Health and Substance Use*. Kaiser Family Foundation. Retrieved on April 25, 2020, from <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>ii</sup> MMHPI. (April 21, 2020). *COVID-19 Response Briefing: MHSUD Impacts v.1: Effects of COVID Recession*. Retrieved on April 25, 2020, from <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf>

<sup>iii</sup> Specifically, we request updated CMS guidance to authorize, and reimburse equivalently to in-person visits, the use of audio-only communications for behavioral health services including, but not limited to, the following CPT codes: 90785, 90791, 90792, 09832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 96156, 96158, 96159, 96164, 96165, 96167, 96170, 96171, 96178, 99201-99205, 99212-99215, 99221-99223, 99231-99233, 99231-99233, 99304-99306, 99307-99310, 99327-99328, 99334-99337, and G2086-G2088.