

# National Association for Behavioral Healthcare

Access. Care. Recovery.



16 July 2020

Dear Senate Finance Committee Members:

On behalf of the National Association for Behavioral Healthcare (NABH), I am writing to urge you to include provisions in the next Covid-19 relief legislation to maintain access to mental health and addiction treatment services via telehealth. NABH represents healthcare systems that provide a wide range of behavioral healthcare services, including inpatient, residential, partial hospitalization/intensive outpatient, and outpatient care. Our members greatly appreciate the flexibilities and resources that Congress, federal agencies, states, and health plans have quickly established to respond to the Covid-19 pandemic.

This pandemic is affecting the behavioral health of the American population dramatically, as recent polls indicate large increases in the number of people reporting symptoms of anxiety and depression with high degrees of distress.<sup>i</sup> Mental health crisis hotlines at the federal and state levels have reported exponential increases in the number of calls they have received over the past few months.<sup>ii</sup> Individuals with preexisting mental health or substance use disorders (SUDs) are particularly at risk from the harmful effects on behavioral health of public health crises and natural disasters.<sup>iii</sup> Past experiences with epidemics have shown that the detrimental impacts on mental health and substance use disorders among affected populations will continue for years to come.<sup>iv</sup>

Our nation was already struggling with two behavioral health crises: the recent increase in opioid addiction and tragic surge in overdose deaths, and the increasing rate of suicide. The risk of developing SUDs increases greatly during stressful times,<sup>v</sup> and there are widespread reports of increased alcohol and drug sales during the current pandemic as well as increased opioid overdoses.<sup>vi</sup> Unfortunately, early data indicate that overdose deaths have significantly increased in the past few months compared with last year.<sup>vii</sup> Suicide rates were already unacceptably high, increasing by 35% between 1999 to 2018.<sup>viii</sup> Social distancing and isolation can worsen anxiety and depression often associated with suicide.<sup>ix</sup> In addition, economic downturns, such as the one America is experiencing now, are associated with higher rates of suicide.<sup>x</sup>

## **Telehealth is Key for Improving Access to Behavioral Healthcare Now, and in the Future**

Telehealth is effective in behavioral healthcare delivery, particularly psychiatric and psychological services.<sup>xi</sup> In addition, telehealth has been found to increase retention for SUD treatment, including medication treatment, especially when treatments are not otherwise available or require lengthy travel to treatment.<sup>xii</sup> The experience of our members in delivering behavioral healthcare during this pandemic is consistent with these research findings.

Shortly after the pandemic arose, our members rapidly adjusted their programs and services to implement telehealth technologies so they could continue providing critically needed mental health and addiction treatment services during these incredibly stressful times. Some of our members have provided preliminary data that demonstrate how crucial the increased coverage of services via telehealth has been during this pandemic for preserving access to behavioral healthcare. Please see the appendices to this letter for that information.

Moreover, these data highlight improvements in patient engagement in behavioral healthcare even compared with the period before the pandemic; for example, after implementing telehealth services, one behavioral healthcare provider system found:

- The average time to the first appointment decreased,
- Show rates for first appointments increased,
- Days to first appointment after inpatient care decreased, and
- Average numbers of services per consumer increased significantly.

Consumer surveys consistently show very high rates of satisfaction with using telehealth technologies to access treatment.<sup>xiii</sup> Data from our members confirm this finding, as survey results have shown: high levels of consumer satisfaction, a majority of consumers indicating the services received via telehealth were as or more helpful, and consumers reporting they would like to continue receiving services via telehealth.

Many individuals who could benefit from behavioral healthcare are reticent to access treatment. Moreover, many who do access treatment discontinue therapy prematurely or do not stay engaged for various reasons. The data our members collect indicate that making services available via telehealth could significantly increase access to behavioral healthcare that is critically needed at this time.

Our members have also found during this pandemic that coverage of audio-only telehealth services is critical for enabling access to behavioral healthcare in rural areas where broadband service is often not available to support video interactions. In addition, availability of care through telehealth including audio-only is even more critical in rural areas due to the shortage of behavioral healthcare providers in those areas.

#### **Coverage of Telehealth is Critical for Supporting the Behavioral Health of Healthcare Workers**

Healthcare workers and frontline providers are at heightened risk for behavioral health conditions particularly now under the ongoing strain from the Covid-19 pandemic. Even before this crisis, healthcare providers, particularly emergency room physicians and female physicians, were at heightened risk of suicide.<sup>xiv</sup> First responders, including emergency services personnel, have increased rates of depression, post-traumatic stress disorder, and suicide.<sup>xv</sup> Healthcare workers exposed to Covid-19 in Wuhan, China experienced heightened symptoms of depression, anxiety, insomnia, and psychological distress particularly among women, nurses, and frontline workers.<sup>xvi</sup> Previous research has also indicated high levels of stress, anxiety, and depression symptoms among healthcare workers following the 2003 SARS outbreak.<sup>xvii</sup>

Coverage of behavioral healthcare via telehealth is a critical component of supporting healthcare providers. Recognizing the strain on frontline healthcare providers from the pandemic, our members have implemented supportive services for their staff and colleagues, such as:

- Making emotional and therapeutic support and psychotherapy by mental health professionals via telehealth more available,
- Providing confidential telephone counseling and support 24 hours a day, seven days a week, and
- Offering telephone support from peers (including physicians).

The convenience and immediacy of these behavioral health services make them particularly effective for frontline healthcare providers who work long hours and face other systemic barriers, including stigma and discriminatory practices that discourage them from accessing behavioral healthcare.

#### **Maintain Expanded Coverage of Telehealth**

We urge Congress to ensure that all Americans have coverage of behavioral healthcare delivered via telehealth consistent with the following flexibilities that have been allowed during the Covid-19 pandemic. This includes coverage of:

- Services provided via telehealth to patients in their homes and regardless of geographic location,

- Telehealth services provided to new and established patients,
- Services determined by behavioral healthcare clinicians (instead of payors) as appropriate for delivery via telehealth, including:
  - Methadone induction with the nurse and patient at the health setting while the physician uses audio-visual telehealth (which is not allowed currently, unlike the other flexibilities on this list). In this scenario, patients new to treatment will continue the usual protocol of onsite daily dosing (except if the clinic is closed on Sunday) for at least the first 30 days,
  - Extended take home methadone medication (currently permitted) that supports implementation of telehealth,
- Care provided via telehealth across state lines as long as the provider is properly licensed in his or her home state,
- Mental health and addiction treatment services provided via audio-only/telephone,
- Reimbursement rates for services via telehealth at the same rates as paid for in-person services,
- Facility fees for hospitals for partial hospitalization programs and other outpatient department services when patients receive these services at their home via telehealth,
- Behavioral healthcare provided via telehealth by additional types of providers, including licensed clinical social workers, clinical psychologists, and therapists as well as physicians to both new and established patients, and
- Care provided by other practitioners with any required physician supervision provided through audio and video communication.

The ability to provide behavioral healthcare services via telehealth technologies creates tremendous opportunities to improve access to care, which we expect will continue to be in high demand after the Covid-19 pandemic.

Please let us know if you have any questions about this issue, or if we can help in another way by contacting me at [shawn@nabh.org](mailto:shawn@nabh.org) or 202-393-6700, ext. 100, or NABH Director of Policy and Regulatory Affairs Kirsten Beronio at [kirsten@nabh.org](mailto:kirsten@nabh.org) or 202-393-6700, ext. 115.

Thank you for your consideration.

Sincerely,



Shawn Coughlin  
President and CEO

**About NABH**

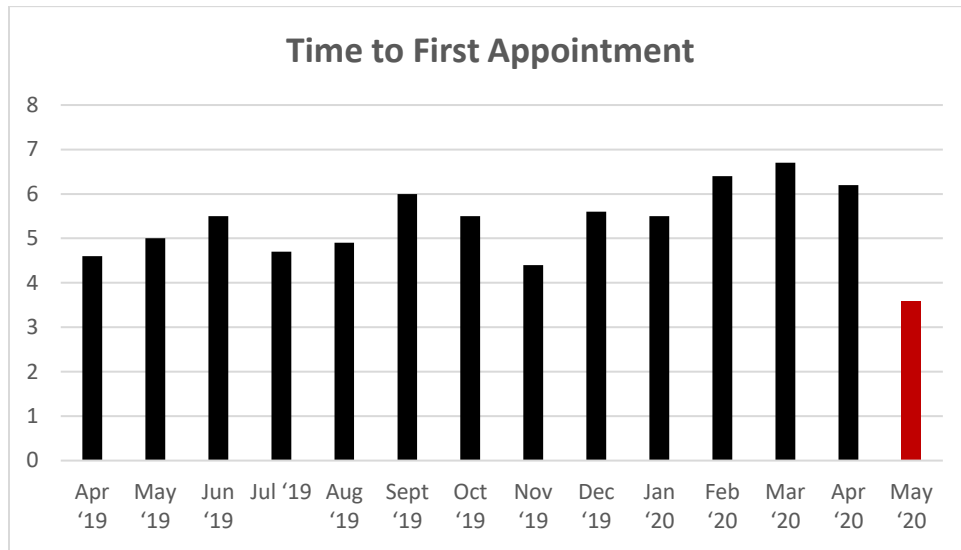
*The National Association for Behavioral Healthcare (NABH) advocates for behavioral healthcare and represents provider systems that treat children, adolescents, adults, and older adults with mental health and substance use disorders in inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs, medication assisted treatment centers, specialty behavioral healthcare programs, and recovery support services in nearly all 50 states. The association was founded in 1933.*

**Appendix - Data from NABH Member Organizations**



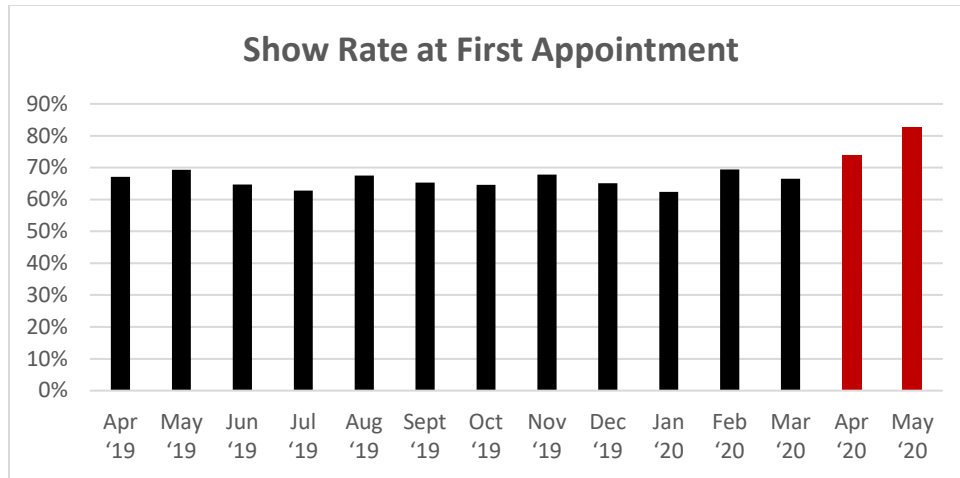
**Time to First Appointment**

Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20
4.6	5.0	5.5	4.7	4.9	6.0	5.5	4.4	5.6	5.5	6.4	6.7	6.2	3.6



**Show Rate at First Appointment**

Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20
60.3%	61.0%	52.5%	59.8%	55.5%	59.5%	59.9%	59.3%	52.9%	58.1%	58.4%	45.9%	63.3%	66.6%



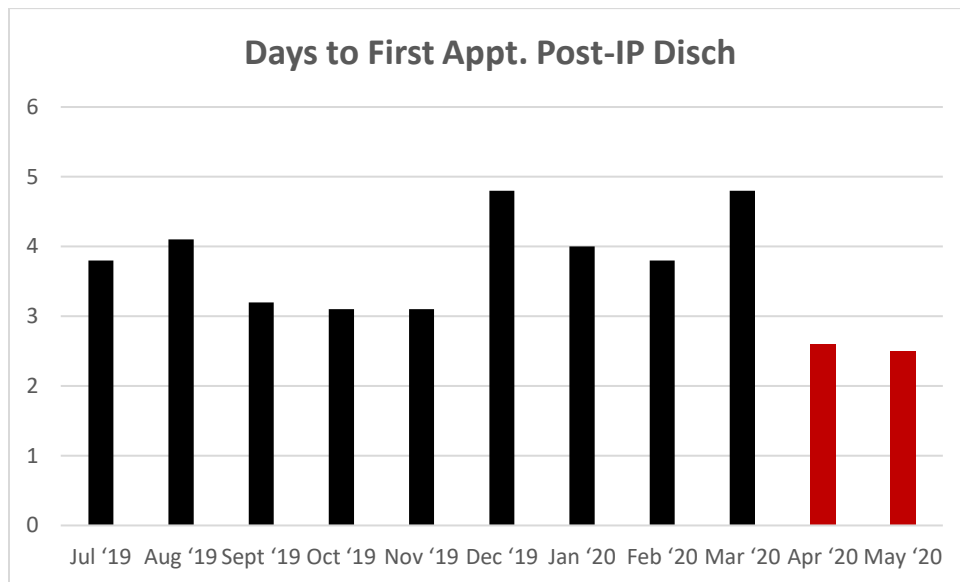
\*Includes Show and No-Show Appts.

### Days to First Appointment Post-IP Discharge

Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20
3.8	4.1	3.2	3.1	3.1	4.8	4.0	3.8	4.8	2.6	2.5

\*Includes discharges to External & Internal Partial and Outpatient Programs.

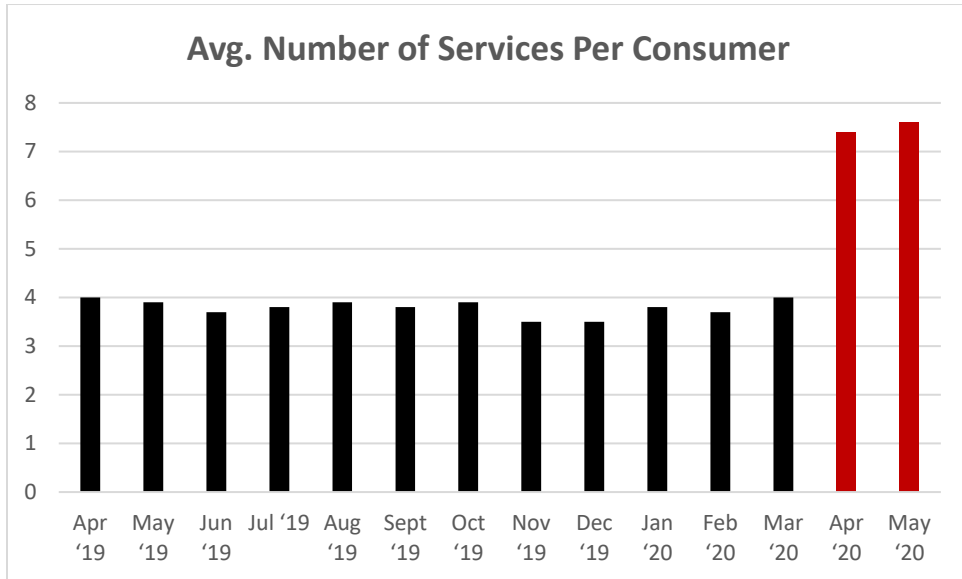
\*Data for referrals to external programs only available as of 7/2019.



### Average Number of Services Per Consumer

Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20

4.0	3.9	3.7	3.8	3.9	3.8	3.9	3.5	3.5	3.8	3.7	4.0	7.4	7.6
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### Outpatient Consumer Satisfaction Initial Results (n = 109)

**94%** of consumers were able to get an appointment as soon as they needed it

**78%** of consumers reported telehealth services are *more or as* convenient as in-person services

- **50%** of consumers stated telehealth services were *more* convenient than in-person services

**64%** of consumers reported telehealth services are *more or as* helpful as in-person services

- **51%** of consumers stated telehealth services were *more* helpful than in-person services

**79%** of consumers reported that in the future they want to continue telehealth services

- **20%** of consumers reported that in the future they want *only* telehealth services

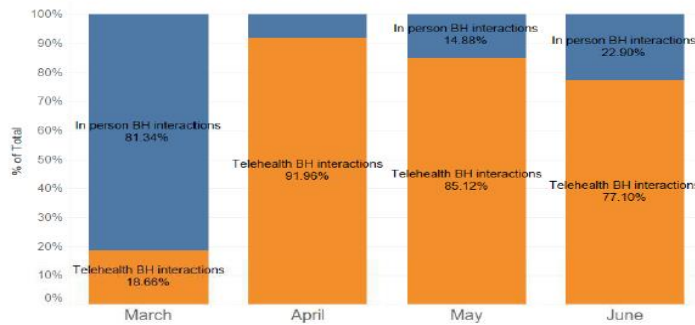
# Community Medical Services

Providing methadone, buprenorphine, and injectable naltrexone in opioid treatment programs in 9 states

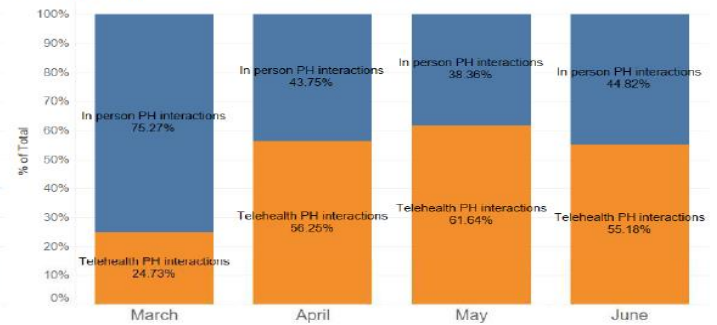
## COVID Operational Snapshot

### COVID-19 Operational Impacts

Percent change between in-person and tele BH



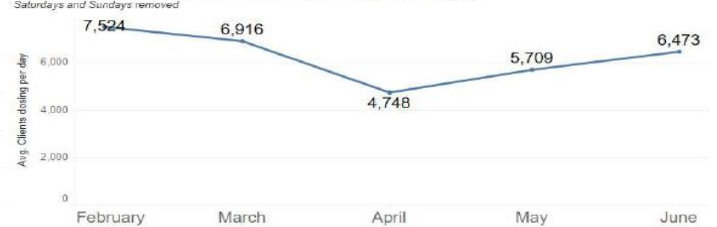
Percent change between in-person and tele PH



Intakes since COVID



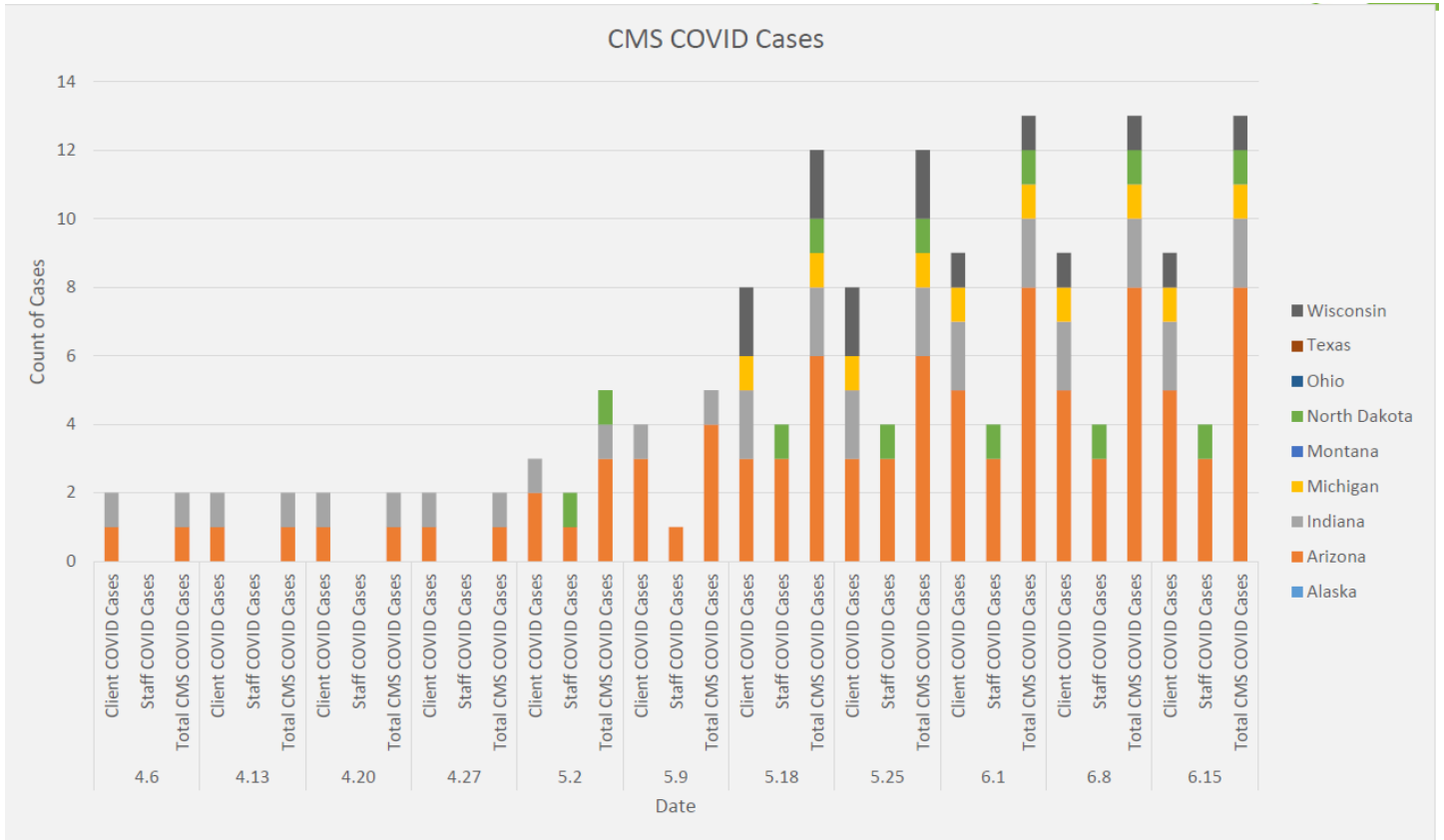
Daily In-Clinic Patient Volume (Monthly Average)



- In the graphs above, BH refers to behavioral health and PH refers to physical health
- Telehealth interactions include patients at home accessing services via telehealth and patients onsite accessing services via telehealth from a provider in another location
- The bar graphs illustrate large increases in telehealth utilization particularly for behavioral healthcare.
- The line graph indicates a significant decrease in induction (e.g., new admissions) for opioid use disorder treatment since the beginning of Covid-19, whereas volume of other daily services has resumed closer to pre-pandemic level. This may be due to lack of flexibility to use telehealth for methadone induction.

# Community Medical Services

Providing methadone, buprenorphine, and injectable naltrexone in opioid treatment programs in 9 states

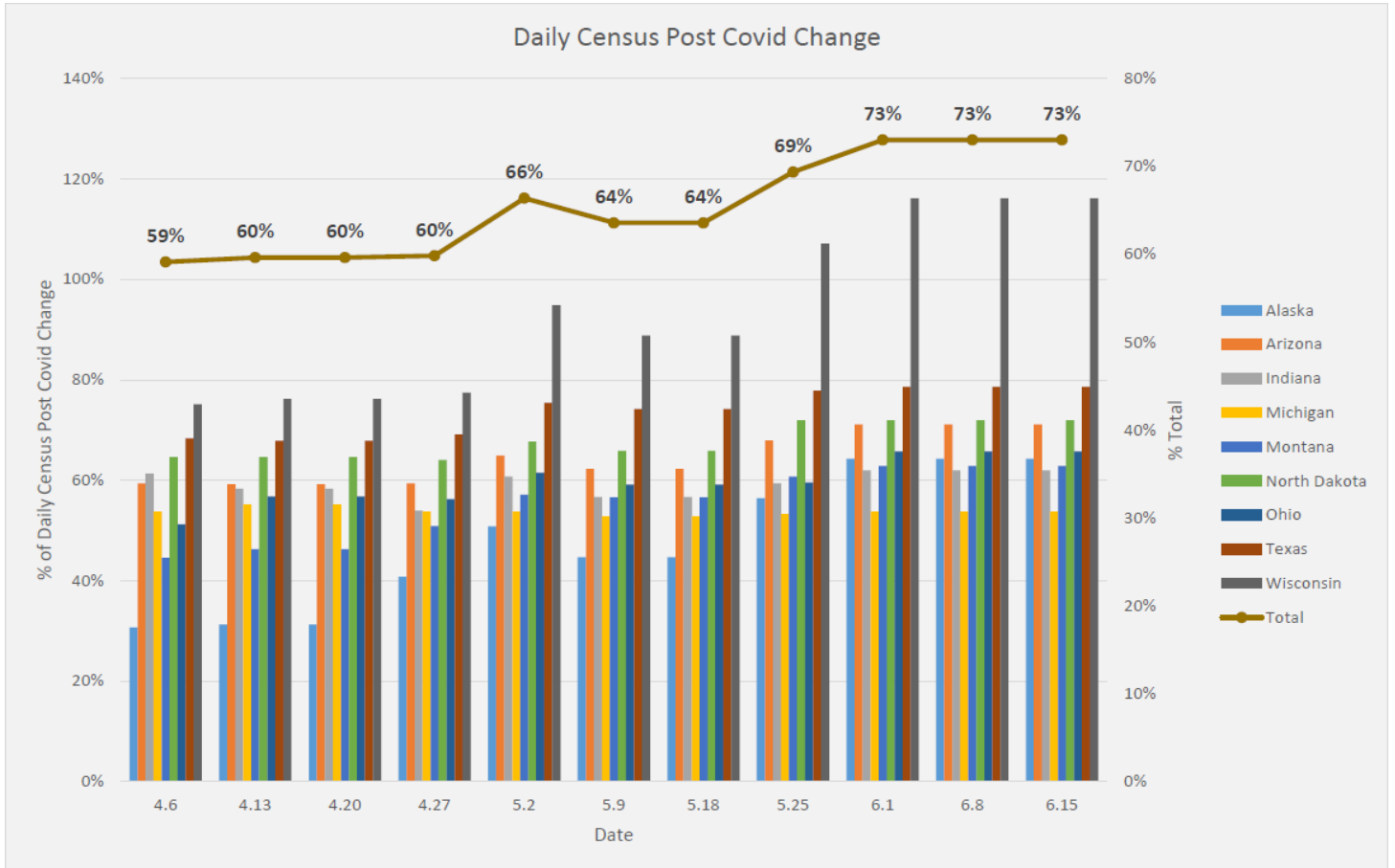


- This graph shows recent increases in number of Covid-19 positive individuals among consumer population.



# Community Medical Services

Providing methadone, buprenorphine, and injectable naltrexone in opioid treatment programs in 9 states



- This graph of consumers accessing treatment in Community Medical Services facilities between April 6 and June 15 illustrates that the number of consumers accessing onsite treatment is significantly lower on average compared to the period prior to the pandemic. Extended take-home methadone medication (currently permitted through Covid-19 public health flexibilities) allowed for the majority of consumers to receive telehealth services, thereby allowing opioid treatment clinics to have safe, socially distanced treatment for those consumers who continued to require daily visits.

# Community Medical Services

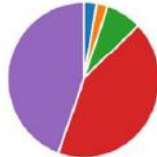
## Providing methadone, buprenorphine, and injectable naltrexone in opioid treatment programs in 9 states

### Internal Survey Results on Patient Preferences for Telehealth

I am able to meet my recovery goals by using telehealth/telephonic services

[More Details](#)

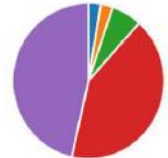
Strongly disagree	130
Disagree	110
Neutral	358
Agree	2007
Strongly Agree	2088



My treatment team (counselor, doctor, etc) can meet my needs using telehealth/telephonic services.

[More Details](#)

Strongly disagree	123
Disagree	122
Neutral	303
Agree	1966
Strongly agree	2179



It is more convenient for me to meet with my treatment team by telehealth/telephone.

[More Details](#)

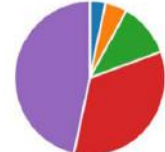
Strongly disagree	137
Disagree	214
Neutral	780
Agree	1518
Strongly agree	2044



I would continue to meet with my treatment team by telehealth/telephone in the future if I could.

[More Details](#)

Strongly disagree	157
Disagree	220
Neutral	540
Agree	1591
Strongly agree	2185



- These illustrations of consumer survey results indicate high degrees of satisfaction with receiving treatment via telehealth

## ENDNOTES

- 
- <sup>i</sup> Kaiser Family Foundation, “Health Tracking Poll – Early April 2020: The Impact of Coronavirus on Life in America”, published [online](#) April 2, 2020; Erica Hutchins Coe, Kana Enomoto, “Returning to Resilience: the Impact of Covid-19 on mental health and substance use”, published [online](#) by McKinsey and Company, April 2020; Emma E. McGinty, Rachel Presskreischer, Haurie Han, Colleen L. Barry, “Psychological Distress and Loneliness Reported by U.S. Adults in 2018 and April 2020”, Research Letter, *JAMA*, published online June 3, 2020 available [online](#).
- <sup>ii</sup> William Wan, “The coronavirus pandemic is pushing America into a mental health crisis”, [Washington Post](#), May 4, 2020.
- <sup>iii</sup> Benjamin Druss, “Addressing the Covid-19 Pandemic in Populations with Serious Mental Illness” *JAMA Psychiatry*, published [online](#) April 3, 2020; Hao Yao, Jian-Hua Chen, Yi-Feng Xu, “Patients with mental health disorders in the COVID-19 epidemic”, *Lancet Psychiatry*, Vol 7, e21, April 2020, available [online](#).
- <sup>iv</sup> Laura Hawryluck, Wayne L. Gold, Susan Robinson, “SARS Control and Psychological Effects of Quarantine, Toronto, Canada”, *Emerg Infect Dis*, July 2004, vol.10 no.7, 1206–1212; Sara Reardon, “Ebola’s mental-health wounds linger in Africa: health-care workers struggle to help people who have been traumatized by the epidemic”, *Nature*, vol. 519, no. 7541, 2015, p. 13; Emily Goldmann and Sandro Galea, “Mental health consequences of disasters,” *Ann Rev Public Health*, Volume 35, pp. 169–83, 2014, available [online](#).
- <sup>v</sup> Nora D. Volkow, “Collision of the COVID-19 and addiction epidemics”, *Annals of Internal Medicine*, Published online April 2, 2020.
- <sup>vi</sup> Associated Press, “U.S. online alcohol sales jump 243% during coronavirus pandemic” April 2, 2020, available [online](#); Mitchell Hartman, Marketplace, “Pot sales on the rise in some states with people home due to Covid-19”, April 20, 2020, available [online](#).
- <sup>vii</sup> Brianna Ehley, “Pandemic unleashes a spike in overdose deaths”, Politico, June 29, 2020.
- <sup>viii</sup> Holly Hedegaard, Sally C. Curtin, Margaret Warner, Centers for Disease Control and Prevention, National Center for Health Statistics Data Brief, “Increase in Suicide Mortality in the United States, 1999-2018”, April 2020, available [online](#).
- <sup>ix</sup> Stephen Petterson, John M. Westfall, Benjamin F. Miller, “Projected Deaths of Despair During the Coronavirus Recession”, Well Being Trust, May 8 2020, available [online](#).
- <sup>x</sup> Mayowa Oyesanya, Javier Lopez-Morinigo, Rina Dutta, “Systematic review of suicide in economic recession”, *World J Psychiatry*, vol. 5, no. 2, 243-54, June 22, 2015, available [online](#).
- <sup>xi</sup> Shannon Mace, Adriano Boccanelli, Megan Dormond, “The Use of Telehealth within Behavioral Health Settings: Utilization, Opportunities, and Challenges”, Behavioral Health Workforce Research Center, University of Michigan, March 2018, available [online](#); Rashid L. Bashshur, Gary W. Shannon, Noura Bashshur, Peter M. Yellowlees, “The empirical evidence for telemedicine interventions in mental disorders”, *Telemed J E Health*, vol. 22, no. 2, pp. 7-113, Jan. 2016.
- <sup>xii</sup> Lewei (Allison) Lin, Danielle Casteel, Erin Shigekawa, Meghan Soulsby Weyrich, Dylan H. Roby, Sara B. McMenamin, “Telemedicine-delivered treatment interventions for substance use disorders: A systematic review”, *Journal of Substance Abuse Treatment*, vol. 101, pp. 38-49, June 2019.
- <sup>xiii</sup> Jennifer Polinski, Tobias Barker, Nancy Gogliano, Andrew Sussman, Troyen Brenna, William Shrank, “Patients’ Satisfaction with and Preference for Telehealth Visits,” *J Gen Intern Med*, vol.31, no. 3, pp. 269-275, March 2016.
- <sup>xiv</sup> Frederic Dutheil, Claire Aubert, Bruno Pereira, et al, “Suicide among physicians and health-care workers: a systematic review and meta-analysis”, *PLoS One*, v. 14, no.112, e0226361, published [online](#) 2019 Dec. 12.
- <sup>xv</sup> Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center, Supplemental Research Bulletin, “First Responders: Behavioral Health Concerns, Emergency Response, and Trauma”, May 2019, available [online](#).
- <sup>xvi</sup> Jianbo Lai, Simeng Ma, Ying Wang, et al, “Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019”, *JAMA Network Open: Psychiatry*, vol. 3, no. 3, e203976, 2020, available [online](#) .
- <sup>xvii</sup> Antoinette M. Lee., Josephine GWS Wong, Grainne M. McAlonan, et al., “Stress and psychological distress among SARS survivors 1 year after the Outbreak”, *Can J Psychiatry*, vol. 52, no. 4, 233-240, 2007, available [online](#).