November 1, 2021

Hon. Ron Wyden, Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

Hon. Mike Crapo, Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, D.C. 20510

Sent via mentalhealthcare@finance.senate.gov

RE: Request for Information on Behavioral Health Care Challenges

Dear Chairman Wyden and Ranking Member Crapo:

United States of Care is pleased to submit the following comments in response to the Senate Finance Committee's Request for Information (RFI) on "Behavioral Health Care Challenges."

United States of Care is a nonpartisan, nonprofit organization founded in 2018 with a mission to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We were established by a diverse Board of Directors and Founders Council to advance state and federal policies that solve the challenges people face with our health care system. We seek to understand people's unique needs to drive health policy innovation and partner with elected officials and stakeholders to pass and implement those ideas.

As part of those efforts, United States of Care has brought together partners from across the health care system to understand how to use virtual care to remove barriers to access for those who faced additional challenges before the pandemic, while also making health care more convenient for those who did not face access challenges. Access to health care means something different to everyone. People come to the health care system with unique identities, location of residence, stage in life, patient-provider relationship, and more. Unfortunately, the U.S. health care system does not always account for unique needs or serve various populations in equitable ways, inhibiting the wellbeing of many populations. Elements of the system present barriers to receiving the care that meets one's unique needs and these barriers can shift and alter throughout a person's life as well.

The Importance of Addressing Mental Health in the Wake of the Pandemic

Unfortunately, the COVID-19 pandemic has exacerbated existing behavioral health care access challenges for children, youth, and adults in the United States. Prior to the pandemic, less than half of adults with mental illness received treatment, faced with a number of barriers including coverage limitations and behavioral health provider shortages. Black, American Indian, and Alaska Native people use mental health services at significantly lower rates than white American individuals, due in part to lower rates of insurance coverage and geographic barriers that limit access to behavioral health providers. In addition, people with mental health challenges face disproportionately high rates of poverty and housing and employment discriminaton.

Demand for behavioral and mental health services remains high. During the pandemic, people reported experiencing anxiety, depressive episodes, and elevated stress, with some individuals reaching "chronic states of anxiety and stress." People of color have been disproportionately affected by pandemic-related mental health issues. Untreated substance use disorders are also rising, and communities are reporting concurrent increases in opioid-related mortality. Without intervention or access to support, increasing behavioral health crises could be the next epidemic to sweep the nation.

> *"The behavioral health team has been so busy, many having worsening depression, anxiety, and bipolar disorder - they are able to reach out regularly through telehealth."*
>
> *- Safety net provider, Yakima, WA*

USofCare has conducted over two years of research to understand people's experiences with the health care system and costs and affordability of care consistently emerge as the top issue. The importance of access to mental and behavioral health care, especially in the wake of the pandemic, frequently emerges in these conversations, with people articulating the importance of access to mental health care for themselves, their families and their communities. This support cuts across demographics, with 89% of people in a recent national poll[1] supporting expanding the ability to get mental health care by making sure it is covered by health insurance the same as physical health care. We applaud the Senate Finance Committee on its efforts to initiate a bipartisan process to examine behavioral health care needs and to assess the factors contributing to gaps in care.

Overview of United States of Care's Approach to Virtual Care as a Solution to Access Challenges

We see virtual care as one strategy to help people—especially those who have been historically marginalized—access the care they need. The COVID-19 pandemic is unleashing an overnight revolution, with care delivery shifting from medical offices to virtual solutions. However,

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[1] Methodology: These findings are from an online survey, conducted with ALG Research July 27 - August 2, 2021 among N=1500 registered voters nationwide - a main sample of N=1000, and an N=500 oversample of people of color, voters with lower incomes, and voters living in rural areas. Overall results were weighted to reflect the composition of registered voters across the country.

without careful attention, these changes in how we access care may leave people and communities behind who faced barriers accessing care even before the pandemic.

During the pandemic, the [most common use of telehealth services](#) has been for mental health conditions. At United States of Care, we believe that a well-designed approach to virtual care—including telehealth, remote monitoring, and other digital forms of communication—has the potential to break down long-standing barriers to health care access, including behavioral health services. However, without careful attention to people-centered strategies and solutions, the overnight revolution that the pandemic unleashed in how we access health care virtually could leave certain people and communities further behind that need it the most.

In pursuit of our mission to put people at the center of health care, in the spring and summer of 2021, United States of Care researched how virtual care tools, including telehealth, could best be used to address behavioral health care access. We have focused our response to your information request on opportunities to advance access to behavioral health care services through telehealth based on our findings from this research.

United States of Care's research aimed to identify ways to increase access and decrease barriers so that all people can obtain personalized, understandable, and equitable behavioral health care.

To explore this topic, we used a mix of research methodologies—including literature reviews, expert input, key informant interviews, case studies, and conversations with everyday people. This body of resources aims to guide policymakers and health system leaders to support virtual care strategies for behavioral health care.

Our research identified five key themes:
1) Barriers to virtual care do not impact all populations the same way and vary greatly based on race, ethnicity, age, gender, geographical region, and socioeconomic factors. Underserved populations, including people of color and people living in rural areas, are disproportionately impacted by barriers to behavioral health care. Barriers may also be heightened by clinical conditions, including co-occurring physical and behavioral health conditions, psychiatric diagnoses that may limit cognitive functioning, or a severe level of acuity.
2) Virtual care is not a panacea and will not resolve all challenges to behavioral health care.
3) Virtual care should augment—not entirely replace—other services. Virtual tools should supplement or complement approaches to behavioral health care. Behavioral health providers should have the flexibility to direct clients to the appropriate level of care.
4) Federal and state policy changes are needed to maximize the effectiveness of virtual care treatment for mental health and substance use disorders.
5) Any virtual care policies—and implementation of those policies—must be inclusive and designed with patient, family, and provider needs in mind.

United States of Care's Responses to RFI: Opportunities to Further the Use of Telehealth to Support Access to Behavioral Health

Comments in response to the RFI question: What barriers exist to accessing telehealth services, especially with respect to availability and use of technology required to provide or receive such services?

Overcoming Barriers to Behavioral Health Care

In order to understand the extent to which virtual care can be used as a tool to address inequities in access to behavioral health care, we must first understand the barriers to care contributing to these inequities. Barriers can be categorized as patient or provider barriers, both of which affect people's ability to access needed care.

Patient Barriers: Challenges that inhibit patients from seeking or accessing needed services. Major barriers include:
- The social stigma associated with behavioral health conditions and seeking treatment
- Cost to receive ongoing care
- Coverage limitations or lack of insurance coverage
- Long wait times to get an appointment
- Cultural and linguistic challenges
- Fear of legal repercussions for seeking treatment or support
- Social factors, such as food, housing, and transportation insecurity that inhibit the ability to seek necessary behavioral health care

Provider Barriers: Systemic challenges that limit the ability of providers to meet the needs of patients and communities. Major barriers include:
- Payment and reimbursement that is not adequate to cover the cost of services
- Insufficient training to ensure non-behavioral health providers, such as primary care providers, are able to identify and support the needs of patients with behavioral health conditions
- Workforce shortages in key disciplines that traditionally manage and treat behavioral health conditions
- Regulatory barriers such as state licensing laws or burdensome requirements, including same-day billing challenges that limit primary and behavioral health care integration

> *"As a mental health provider, it is hard to do the work like this without seeing people in person - insurance companies were taking a while to pay them in the beginning - unsure how to code things correctly - it's stressful and an adjustment."*
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> *- Behavioral health provider, Philadelphia, PA*

Challenges in Accessing Behavioral Health Services Through Virtual Care

As virtual care tools are implemented, providers and policymakers must be aware that they are not perfect for all populations. Legacy policy and implementation barriers limit the health care system's ability to utilize virtual care expansively across the behavioral health delivery system. In addition, a lack of access to required devices, digital literacy challenges, and a lack of reliable internet service can inhibit access to virtual care. There are also instances where a modality of care is not clinically appropriate or desirable for some patients. Virtual care presents other challenges as well beyond those experienced by people accessing behavioral health services in general.

- *Inequitable access to technology*—Devices that can support virtual visits and access to high-speed internet are two necessities for virtual care visits. Therefore, lack of access to the prerequisite technology or broadband can create new disparities in access to care, particularly for people of color, economically challenged communities, older adults, and rural communities.
- *Temporary solution to address provider shortage*—Although virtual care expands access to behavioral health services for people in areas with workforce shortages, it does not increase the size of the provider workforce. Unless the behavioral health provider pipeline is addressed, virtual care is a temporary solution that shifts resources and stretches existing provider capacity.

> *"Virtual calls use a ton of data! You have to be on wifi, which some people don't have access to when you're trying to use the service. Those struggling financially and the elderly and those in rural areas may be adversely affected by it, but it's good and bad because it may give access to specialists people may not have otherwise had access to. I don't believe we will ever move away from in-person visits."*
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> *- LGBTQ and mental health advocate, Denver, CO*

Comments in response to the RFI question: How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?

Amid the COVID-19 pandemic, virtual care tools—telemedicine, remote monitoring, and other remote forms of communication—have grown in reach and prominence as potential means for addressing barriers to accessing care. When addressing the unique nature of behavioral health conditions, we have found that virtual care best complements or supplements in-person care. Virtual care should be implemented when it is clinically and culturally appropriate. Virtual care should not be considered a cure-all to care access barriers. There are many opportunities to include virtual care tools in care delivery and thoughtful policy changes, and implementation considerations are needed to ensure barriers and disparities are eased, not exacerbated.

Our research identified opportunities to address barriers to accessing virtual behavioral health services, implementation, and policy needs. We also identified policy opportunities[2] that have the potential to address the most significant barriers prohibiting effective and meaningful utilization of virtual tools for behavioral health care. In particular, those populations disproportionately underserved by the health care system are affected by these barriers and experience the greatest gaps in accessing care. Collectively, these opportunities will go a long way towards ensuring people can get the personalized care they need, when and how they need it.

Comments in response to the RFI question: What programs, policies, data, or technology are needed to improve patient transitions between levels of care and providers?

One of the policy opportunities we identified through our research focuses on using virtual care as an opportunity to integrate primary and behavioral health care to support care coordination and continuity. As mentioned above, one of the barriers to accessing behavioral health care is the social stigma associated with seeking behavioral health treatment. Integration with primary care via a virtual care platform can potentially mitigate the hesitation around seeking care at a behavioral health care facility.

An important consideration when addressing access to behavioral health care is the identification of key care access points. The first stop for many individuals seeking behavioral health care is their primary care provider. For example, 40 percent of adults receive mental health or substance use disorder treatment from their primary care provider. Primary care is the preferred point of entry for health care for racial and ethnic minority populations and individuals with limited English proficiency. As such, it has become an important care access point for identifying undiagnosed or untreated behavioral health disorders.

The real cost lies in not treating behavioral health disorders. Lack of access is a root cause for the mental health crisis, resulting in increased use of the emergency department and the need for inpatient hospital admissions, increasing wait times and cost, and impacting outcomes. Mental health and substance use-related ED visits increased more than 44 percent between 2006 and 2014, with suicidal ideation visits growing by nearly 415 percent. Early identification of behavioral health challenges and proper subsequent referral can mitigate the need for costly crisis care services in an inpatient or emergency department setting.

However, there is often not a clear referral path to providers due to a lack of behavioral health providers and other barriers to access. There are several existing models that can potentially be expanded or replicated to promote sustainable reimbursement for virtual consultation services between primary care and behavioral health providers. Examples include the Collaborative Care Model to promote integrated care and HRSA's Pediatric Mental Health Care Access Program, which was expanded to provide grant opportunities to all 50 states under the American Rescue

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[2] See Appendix 1: *Policy Considerations to Advance Behavioral Health Care Access Through Virtual Care* for an overview of the key policy options we identified through our research.

Plan Act in recognition of the need for increased access to behavioral health consultation services in the wake of the COVID-19 pandemic.

Additional Key Considerations for the Senate Finance Committee from United States of Care's Research

Policy Implementation Considerations for Health Systems

While we have identified policy opportunities to address barriers to care experienced by populations marginalized by the health care system, without proper implementation of these policies, the risk exists that virtual care tools exacerbate disparities further across these populations already disproportionately impacted by barriers to mental health and substance use disorder care. When developing and implementing new policies and care programs, it's important to also ensure health systems include the following steps:

- Gather input from a diverse group of patients with lived experience
- Gather input from a diverse group of mental health and substance use providers, administrators, and payers
- Establish best practices and clear clinical protocols on the delivery of care in a blended approach of in-person and virtual services that adopt technology solutions that fully support both client and staff engagement
- Develop clinical pathways and evidence-based practices that ensure in-person or higher acuity care is accessible when needed
- Implement flexible funding models that enable patient and provider education on virtual modalities
- Improve and standardize data collection and analysis efforts for monitoring and evaluation purposes

What Virtual Care May Not Solve For

As virtual care tools are implemented, providers and policymakers must be aware that virtual care presents other unique challenges, even beyond those experienced by people accessing behavioral health services in general. Those challenges include:

Provider shortages: While virtual care may help bring services into underserved communities, it does not solve the overall national shortage of behavioral health providers. The American Academy of Child and Adolescent Psychiatry estimates that the country needs 47 child psychiatrists per 100,000 people. That figure is four times the number of child psychiatrists currently practicing, according to a 2020 study in Pediatrics. While virtual care may enable a psychiatrist in Boston to provide services to a child in rural Appalachia, it does not solve the overall shortage.

Additional policy solutions are needed to increase the pipeline of physicians choosing the behavioral health field, which may include:

- Streamlining reporting requirements and addressing administrative burdens
- Enforcing behavioral health parity

- Increasing loan repayment opportunities for licensed professionals at all levels of care
- Increasing reimbursements to ensure competitive salaries
- Creating pathways to alternative payment methodologies for behavioral health providers

Opportunities for Care Coordination: Additionally, while virtual care can enable providers to practice across state lines, it can potentially disrupt and weaken local, community-based systems of care delivery. For example, if a patient requires more intensive mental health or addiction treatment, virtual care providers may not be connected to local resources. If a virtual provider refers a patient to the emergency department rather than a community-based provider, it could drive up the cost of care.

Community-based organizations and integrated behavioral health providers in primary care often collaborate with local human service agencies, schools, and area health systems. Out-of-area providers might miss a vital referral point for patients and the opportunity for more coordinated, local care.

Conclusion

Even though significant barriers to virtual behavioral health care exist, there are also tremendous opportunities to close gaps and improve access to care. We arrived at the suggestions in this response so that policymakers, providers, patients, payers, and others can work effectively to use virtual care to remove barriers to access. The virtual care system of the future must be centered on people's needs in order to close such access gaps and improve equitable outcomes. Thoughtful, intentional, and impactful change will take bringing people, policymakers, providers, and entrepreneurs together. At United States of Care, fostering such collaborations and taking deep dives into the experiences people have with virtual care and combining those learnings with leading research forms the basis of our work.

Thank you for the opportunity to respond to this important RFI. If you have questions or are interested in further discussion on this or any other health care issue, don't hesitate to get in touch with Jennifer DeYoung, Senior Director, at jdeyoung@usofcare.org or Kristin Wikelius, Chief Program Officer, at kwikelius@usofcare.org.

Sincerely,

Natalie Davis
Co-Founder and Chief Executive Officer
United States of Care

Appendix 1: **Policy Considerations to Advance Behavioral Health Care Access Through Virtual Care**

Based on our research and expertise, we have identified a number of critical policy changes and implementation actions needed to overcome barriers to accessing virtual care and maximizing its tools. Below is an overview of some of the key policy solutions to overcoming barriers to virtual behavioral health care:

Barriers	Policy Solutions	Policy Examples*/ Resources
Insurance coverage		
People fear they will incur unexpected charges for virtual care services; providers will offer limited virtual care options, if at all, to people.	Sustainable provider reimbursement and coverage parity for virtual care services.	- Telehealth Modernization Act (S.368, H.R. 1332) - Protecting Access to Post-COVID–19 Telehealth Act of 2021(H.R. 366) - Expanded Telehealth Access Act (H.R. 2168) - Illinois Telehealth Services (HB3498)
Technology		
People have limited or no access to broadband	Expansion of broadband.	Emergency Broadband Benefit
People and providers lack appropriate devices and data plans to use virtual care.	Provide no-cost devices and data plans.	- Lifeline program - Emergency Broadband Benefit
	Allow health plans to cover virtual care/audio-only care delivery.	- Arkansas Amendment to Telemedicine Act (Act 829) - Iowa's Provision for Telemedicine HF88, now HF431
Patients and providers lack digital literacy and training on new virtual care delivery models.	Provide funding to support patient education and provider training.	Federal Communication Commission provides $200 million in grants through their COVID-19 Telehealth Program

		(invoices & reimbursements) ● HRSA provides grants through their Telehealth Network Grant Program that is under their Office for the Advancement of Telehealth
Legacy policies		
People must have an in-person visit and be an "established patient" before initiating virtual care.	Allow verbal or electronic consent to treat and other e-document signatures.	● Minnesota waiver allowing verbal consent for individual treatment plans for certain behavioral health services ● SAMHSA Public Health Emergency guidance
	Allow virtual visits for new patients without requiring they be previously established.	● CMS's Medicare Telemedicine Health Care Provider Fact Sheet on flexibilities under the Public Health Emergency
	Eliminate requirements under Ryan Haight Act for in-person assessment.	● Extend Pandemic Flexibilities for Treating Opioid Use Disorder
People can only receive care, and providers can only provide care, from approved locations presenting scheduling and transportation challenges.	Permanently remove reimbursement restrictions on where patients and providers are located (referred to as the 'originating site' and 'distant site') to receive and give care.	● Telehealth Modernization Act (S.368, H.R. 1332)
Workforce availability		
People are not able to access the providers they need due to staffing shortages. *(Note: As stated above, provider reimbursement rates and payment parity will also*	Approve clinicians and other providers to practice across state lines.	● Connecticut's Act Concerning Telehealth (SB1022) ● Maryland's Act Regarding Health care Practitioners, Telehealth, and Out of

impact workforce availability)		State Health care Practitioners (HB732/SB568) ● Interstate Medical Licensure Compact
	Equitable reimbursement and scope of practice across state lines of peer recovery specialists to augment clinical workforce.	● H.R. 2767 The Promoting Effective and Empowering Recovery Services in Medicare Act ● 39 states reimburse for peer recovery support services in Medicaid
	Expand HRSA grants and sustainable reimbursement for consultation services between primary care and behavioral health providers.	● Collaborative care model to promote integrated care ● HRSA's Pediatric Mental Health Care Access Program
Treatment Tools		
People are not able to use clinically proven tools utilized by providers to treat substance use disorders virtually, such as contingency management.	Improve legality of contingency management and utilization across state lines.	● California's Substance use disorder services: contingency management services bill (SB110) ● Pear Therapeutics and Massachusetts Medicaid
People have limited access to Medicated Assisted Treatment (MAT) for their substance use disorders.	Update the X-waiver to 1) allow additional clinician types, and 2) expand the number of patients clinicians can serve and provide MAT services too.	● HHS Expands Access to Treatment for Opioid Use Disorder

some legislation may not have been passed into law at the time of publication