



Congress Should Enact Tele-behavioral Health Policies that Provide Equitable Access for All

Audio-only telehealth is a matter of health equity — and an important equalizer in helping to provide access to urgently needed care and saving lives.

Congress and the Administration should advance tele-behavioral health policies that provide equitable access for all people.

Such policies should:

- Permanently allow Medicare to continue reimbursement for routine mental and behavioral health treatment, including psychotherapy and Health Behavior Assessment and Intervention (HBAI) services, neurobehavioral status exam, and psychological and neuropsychological testing evaluation feedback sessions furnished through audio-only telephone after the PHE ends.
- Require all payors, including ERISA self-insured plans, to cover and reimburse tele-behavioral health, at parity with services furnished via face-to-face visits, and through multiple access modalities to ensure equitable access to essential care.

Additionally, policies that inequitably limit access to care, such as requiring an in-person service before Medicare beneficiaries can receive essential tele-mental health care, should not be imposed.

Coverage of tele-behavioral health services furnished by audio-only transmissions must not cease once the pandemic ends.

Audio-only services are a lifeline for many individuals, especially older adults, individuals with disabilities, people in rural and frontier areas, lower-income families, racial and ethnic minority communities, and other underserved populations who often lack sufficient broadband, do not have access to computers or smartphones, or are unable to utilize audio and video enabled communication devices due to disability or difficulties with digital literacy.

- 42% of older Americans do not have broadband access in their homes, and those making less than \$25,000 in yearly income such as the majority insured by Medicare are 10 times more likely to lack reliable internet access.
- Research found older black and Latino groups were between 2.6 and 3.4 times more likely to lack internet access than their white counterparts.
- A recent study of low-income patients receiving care in Federally Qualified Health Centers found that audio-only appointments comprised 65.4% of primary care visits and 71.6% of behavioral health visits.

In a fall 2020 APA survey of psychologists, the top barriers experienced by patients in receiving remote treatment were related to internet access or connectivity (69%) and general technical difficulties (66%).

The need for mental and behavioral health services surged during the COVID-19 pandemic.

Even prior to the pandemic, the top diagnoses of Medicare beneficiaries receiving telehealth services related to mental or behavioral health. The pandemic continues to exacerbate existing behavioral health needs, as the public health and

economic impact of the pandemic resulted in greater levels of stress, anxiety, depression, and trauma that our country will face long after the pandemic. To illustrate:

- In the early months of the pandemic, over 40% of Americans reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder, depressive disorder, stressor-related disorder, or substance use disorder. These rates are significantly higher amongst Black and Latino communities.
- During the pandemic, those with lower income, fewer economic resources, less social support, and increased stressors were three times more likely to report symptoms of depression.
- A Kaiser study showed 53% of respondents reported mental health issues as a result of COVID-19.
- An APA survey showed psychologists are seeing a greater prevalence of anxiety (74%) and depressive disorders (60%) than before COVID-19.

Research supports the efficacy of telephone delivered psychotherapy.

There is evidence showing that providing mental health services over the telephone is equally as effective as face-to-face visits for patients with depression and anxiety. A review of 13 studies found reduced symptoms of anxiety and depression when therapy was conducted via telephone (Coughtrey & Pistrang, 2018). There is evidence that telephone therapy greatly benefits patients who have certain comorbid medical and psychological conditions, such as depression, HIV, and epilepsy. (Heckman et al., 2017; Heckman, Markowitz et al., 2018; Thompson et al., 2015).

Tele-behavioral health services provided by psychologists help patients with new or ongoing treatment needs.

As key Medicare mental health providers, psychologists provide effective and timely care to improve patient outcomes, including those managing multiple chronic conditions, and help reduce a host of economic and societal costs, including unnecessary utilization of emergency rooms, more frequent hospitalizations, overuse of opioids, and suicide.

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