

October 20, 2020

Office of Governor Kay Ivey
State Capitol
600 Dexter Avenue
Montgomery, AL 36130-2751

Dear Governor Ivey,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Ridling

October 20, 2020

Office of Governor Ron DeSantis
PL 05 The Capitol
400 South Monroe Street
Tallahassee, FL 32399-0001

Dear Governor DeSantis,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24-30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

October 20, 2020

Office of Governor Brad Little
700 West Jefferson
Second Floor
Boise, ID 83702

Dear Governor Little,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Cameron

October 20, 2020

Office of Governor John Bel Edwards
PO Box 94004
Baton Rouge, LA 70804-9004

Dear Governor Bel Edwards,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a tremendous lack of transparency and communication from health plans regarding impending coverage

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Donelon

October 20, 2020

Office of Governor Roy Cooper
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Cooper,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a tremendous lack of transparency and communication from health plans regarding impending coverage

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24-30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

October 20, 2020

Office of Governor Tom Wolf
Room 225
Main Capitol Building
Harrisburg, PA 17120

Dear Governor Wolf,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Altman

October 20, 2020

Office of Governor Henry McMaster
State House
1100 Gervais Street
Columbia, SC 29201

Dear Governor McMaster,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from

<https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from:

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

tremendous lack of transparency and communication from health plans regarding impending coverage terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

Cc: Insurance Commissioner Farmer

October 20, 2020

Office of Governor Tony Evers
115 East State Capitol
Madison, WI 53707

Dear Governor Evers,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a tremendous lack of transparency and communication from health plans regarding impending coverage

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust

October 20, 2020

Office of Governor Mark Gordon
State Capitol Building, Room 124
Cheyenne, WY 82002

Dear Governor Gordon,

The undersigned organizations from the Mental Health Liaison Group represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the Public Health Emergency. **We write today urging you to enact executive orders on coverage for tele-mental health services through the end of 2021, including all levels of outpatient care including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP) and Outpatient (OP) care. At minimum, we urge the establishment of a rationale transition and notice period if health plans decide to terminate such coverage.** Commercial health plan members deserve a safe transition to on-site care, and the U.S. healthcare system must have the ability to safely coordinate such a significant reduction in coverage in the midst of a pandemic and start of the flu season.

The rapid expansion and transition to telehealth services during the pandemic continues to serve as a lifeline for individuals, loved ones, and their families. Commercial telehealth claims have jumped 4,000% year-to-year with one-third filed as mental health claims.¹ According to the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, approximately 11% of American adults seriously considered suicide in June, which is more than double the rate reported in the agency's June 2018 report.² Specifically and unsurprisingly, the risk for suicidal ideation was highest among respondents ages 18 to 25 (25.5%), Hispanic respondents (18.6%), Black respondents (15.1%), unpaid adult caregivers (30.7%), and essential workers (21.7%).³

The broad impacts of the Public Health Emergency are immense as 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19.⁴ Many adults also reported specific negative impacts on their overall mental health and well-being due to worry and stress over COVID-19, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).⁵

Despite these alarming mental health trends during the Public Health Emergency, it has come to our attention that **several commercial health plans have decided to terminate coverage for tele-mental health services for IOP and PHP care effective before the end of the year.** This decision is of great concern given the federal declaration of the Public Health Emergency was extended until January 21, 2021.⁶ Further, there is a tremendous lack of transparency and communication from health plans regarding impending coverage

¹ FAIR Health. (2020). Telehealth Regional Tracker, June 2020. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/june-2020-national-telehealth.pdf>

² Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., . . . Rajaratnam, S. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24-30, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

³ *Ibid.*

⁴ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., . . . Chidambaram, P. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

⁵ *Ibid.*

⁶ U.S. Department of Health & Human Services. (October 2, 2020). Renewal of A Determination That A Public Health Emergency Exists. Retrieved from <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

terminations. The notices of impending coverage terminations have left woefully inadequate time for providers to create transition care plans for patients and families to seek new treatment options, hindering the patient's well-being and recovery. It is unconscionable that mental health providers are having to turn away patients seeking treatment at any point in time, but certainly during a pandemic because of inconsistent and abrupt insurance coverage terminations. Further complicating access to care is most states have retained group gathering limitations to protect public health, which would render in-person group behavioral health treatment unavailable or very limited, making tele-mental health care coverage all the more important.

The devastating impact on care access for individuals receiving PHP or IOP via tele-mental health care now and those beginning in the short-term cannot be overstated. It is critical that state leaders enact executive orders extending coverage through 2021, and at a minimum work with commercial health plans to ensure health plans are consulting with providers and patients for a rational amount of time to determine coverage deadlines for care.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Geriatric Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychiatric Nurse Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition for Research, Policy & Action

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

The Jewish Federations for North America

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children's Mental Health
Postpartum Support International
Psychotherapy Action Network (PSiAN) Advocacy
REDC Consortium
Schizophrenia and Related Disorders Alliance for America
SMART Recovery
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Well Being Trust