March 25, 2020

National Association of Insurance Commissioners  
Executive Office  
444 North Capitol Street NW  
Suite 700  
Washington, DC 20001  

Dear Mr. Webb and Ms. Bradstreet,  

The undersigned organizations represent consumers, family members, mental health and addiction providers, advocates, and other stakeholders at the local, state, and national levels that continue to provide critical care and resources to individuals and families during the COVID-19 public health emergency.  

Given the orders from local, city, state, and national leaders for communities to shelter in place, the Centers for Medicare and Medicaid Services have broadened access to telehealth services and established payment parity under a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. We applaud this decision to expand telehealth coverage for Medicare beneficiaries and strongly urge states to follow suit. **We request states to temporarily lift restrictions on telebehavioral health at all levels of care by telephone or video for individuals regardless of insurance plan and ensure payment parity** until the conclusion of this national emergency.  

Nearly 1 in 5 Americans have a mental health condition and data from the National Institute on Drug Abuse (NIDA) states fewer than 10 percent of adults with co-occurring substance use disorders receive treatment for both disorders, and more than 50 percent do not receive treatment for either disorder. We are now in an unprecedented time in our nation’s history with the increase in isolation and uncertainty of the future potentially exacerbating mental health conditions, which underscores the need more than ever for great flexibility in care.  

Studies of past pandemics, such as Severe Acute Respiratory Syndrome (SARS), show that children experience high levels of stress, anxiety, and confusion as a direct result of community mitigation strategies designed to address public health pandemics. While it is essential that we as a nation engage in community mitigation strategies to address COVID-19, public health experts

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2. Reimbursement amount for telehealth is the same as payment for a face-to-face visit.  
recommend employing an organized mental health response to address the needs of children, adolescents, and adults both during and after a pandemic.\textsuperscript{6}

The importance of shielding individuals with health conditions that place them at higher risk for severe illness from COVID-19 and ensure the safety and continuity of care they’re currently receiving is paramount. Although several states have acted in scaling telehealth services over the years, there are still far too many gaps in access and coverage for the 43.8 million Americans\textsuperscript{7} experiencing a mental illness. In order for providers and facilities to best serve the needs of their patients, we urge each of you to work together to allow for telebehavioral health coverage at all levels of care and parity reimbursement until the national emergency order is lifted.

The undersigned organizations thank you for your hard work in ensuring Americans can access their behavioral health care needs during this national public health emergency.

Sincerely,

2020 Mom
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association of Child and Adolescent Psychiatry
American Association of Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Association on Suicidology
American Counseling Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America

\textsuperscript{6} Ibid.
\textsuperscript{7} National Alliance on Mental Illness (n.d.) Mental Health Facts in America. Retrieved from https://www.nami.org/nami/media/nami-media/infographics/generalmhfacts.pdf
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
Hogg Foundation for Mental Health* Not an MHLG member
International Certification & Reciprocity Consortium
International OCD Foundation
The Jewish Federations of North America
Lakeshore Foundation* Not an MHLG member
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Association for Behavioral Health
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health & Developmental Disability Directors
National Association of Social Workers
National Association of Social Workers—Texas Chapter* Not an MHLG member
National Association of State Mental Health Program Directors
National Board for Certified Counselors
National Council for Behavioral Health
National Eating Disorders Association
National Federation for Children’s Mental Health
National Health Care for the Homeless Council
National Register of Health Service Psychologists
New Jersey Association of Mental Health and Addiction Agencies, Inc.* Not an MHLG member
No Health without Mental Health
Postpartum Support International
Psychotherapy Action Network (PsiAN)
Residential Eating Disorders Consortium
Saginaw County Community Mental Health Authority*  Not an MHLG member
Sanvello Health*  Not an MHLG member
The Kennedy Forum
The Trevor Project
Willapa Behavioral Health*  Not an MHLG member

CC: U.S. House of Representatives
  U.S. Senate
  U.S. Governors and State Insurance Commissioners