



Danna E. Mauch, PhD
President and CEO

Ambassador (ret.) Barry B. White
Chairperson of MAMH Board of Directors

July 16, 2020

The Honorable Robert DeLeo, Speaker
Massachusetts House of Representatives
State House, Room 356
Boston, MA 02133

The Honorable Ronald Mariano, Majority Leader
Massachusetts House of Representatives
State House, Room 343
Boston, MA 02133

The Honorable Aaron Michlewitz, Chair
Joint Committee on Ways and Means
State House, Room 243
Boston, MA 02133

The Honorable Daniel Cullinane, Vice Chair
Joint Committee on Health Care Financing
State House, Room 236
Boston, MA 02133

Re: Testimony in **support** of preserving gains in telebehavioral health

Dear Speaker DeLeo, Majority Leader Mariano, Chair Michlewitz, and Vice Chair Cullinane:

On behalf of the Massachusetts Association for Mental Health, thank you for your thoughtful leadership of the Commonwealth throughout the COVID-19 pandemic. The pandemic has altered our day-to-day lives, disrupted education and economic security, and the threat of infection coupled with the need to physically distance from loved ones has been distressing for all of us. We are fortunate in Massachusetts because the challenges of this unprecedented health crisis are being met better because of your capable leadership and unwavering commitment to the health and safety of our residents.

Formed over a century ago, the Massachusetts Association for Mental Health (MAMH) is dedicated to promoting mental health, preventing where possible behavioral health conditions and mitigating associated disability. We seek to eliminate stigma and discrimination and advance full inclusion for people at risk for or living with these conditions in all aspects of community life. MAMH has a demonstrated track record of furthering its mission by convening and listening to stakeholders across the behavioral health and public health communities; developing consensus among diverse groups; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methods.

Reliable surveys and emerging evidence inform us of a growing need for mental health services among people with pre-existing conditions and those with new conditions due to this pandemic.¹ Therefore, it is imperative to assure that individuals continue to have access to outpatient telebehavioral health care, which will prevent conditions from becoming more acute. According to a recently published study by MAMH, deaths from suicide and overdose could increase between 12% and 60% in the Commonwealth due to COVID-19 and the recession caused by management measures required to control the spread of the disease.²

¹ Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *International Journal of Social Psychiatry*, 0020764020915212.

² Mauch, D. E. & Sharp, C. R. (2020). Estimated COVID-19 behavioral health outcomes: Research in perspective to

The projected number of deaths is small compared to what will be a larger number of suicide attempts and non-lethal overdoses – with each event affecting not only the individuals but their families and communities.

As a result of suicide attempts and non-fatal overdoses, many individuals will require hospitalization. In Massachusetts, an episode of inpatient behavioral health care costs between \$5,000 and \$16,000.³ By comparison, an outpatient telebehavioral health visit costs less than \$100.⁴ The Commonwealth cannot afford to limit access to telebehavioral care at this critical point. Assuring access to low-acuity care that can be safely provided through telehealth is crucial for preventing costly hospitalizations that could lead to hospital overcrowding and the spread of COVID-19. The increased rates of mental health and substance use conditions caused or exacerbated by COVID-19 also will not automatically end the day the economy reopens. These will be lasting conditions that require telebehavioral health interventions, among others, for the foreseeable future.

MAMH strongly urges you to ensure access to telebehavioral health after the expiration of Governor Baker's March 15, 2020 Order Expanding Access to Telehealth Services and to Protect Health Care Providers.⁵ Considerations of high importance to people with behavioral health conditions include:

- **Telebehavioral health must continue to be reimbursed at the same rate as in-person behavioral health care to ensure continued access.** Behavioral health providers are already reimbursed inadequately for services provided and well below their physical health counterparts. A rate cut would be devastating to the Commonwealth's behavioral health provider community. Similarly, care provided through remote electronic means requires ongoing investment in technological infrastructure and staff training and incurs similar expenses as care provided in-person for medical records management, clinical supervision, and collateral care coordination.
- **Reduce barriers associated with prior authorization.** Permanent policies put forward on telehealth should follow the Division of Insurance Bulletin 2020-04, which states that "Carriers are directed not to impose any prior authorization barriers to obtain medically necessary health services via telehealth that would not apply to receipt of those same services on an in-person basis."
- **Deductibles, copayments, or coinsurance requirements for telehealth services should not exceed the deductibles, copayments or coinsurances applicable for in-person services.** Throughout COVID-19, some insurers have waived telebehavioral health cost-sharing requirements.
- **Continued coverage and reimbursement parity for audio-only telephone visits must remain on par with in-person visits.** This is critical to supporting our state's at-risk populations, who may not have access to the necessary technology to engage in services that require video communication.

inform action to mitigate morbidity and mortality. Massachusetts Association for Mental Health.

³ Heun-Johnson, H., Menchine, M., Goldman, D. & Seabury, S. (2017). The cost of mental illness: Massachusetts facts and figures. USC Schaeffer, Leonard D. Schaeffer Center for Health Policy & Economics. Retrieved from <https://www.bhecon.org/wp-content/uploads/2017/11/MA-Chartbook-2017.pdf>.

⁴101 CMR 306.00: Rates of payment for mental health services provided in community health centers and mental health centers. (2019). Executive Office of Health and Human Services. Retrieved from <https://www.mass.gov/doc/101-cmr-306-rates-of-payment-for-mental-health-services-provided-in-community-health-centers/download>.

⁵ March 15 2020. Order Expanding Access to Telehealth Services and to Protect Health Care Providers. Office of Governor Charlie Baker and Lt. Governor Karyn Polito. Retrieved from <https://www.mass.gov/doc/march-15-2020-telehealth-order/download>.



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- **Insurers should meet network adequacy requirements without a significant reliance only on telehealth providers** and should be considered to have an adequate provider network only if patients can access both telehealth and in-person services in a timely manner. This will assure that once resumption of in-person care is safe, individuals have local options for receiving care.

Thank you, again, for your leadership, consideration of this testimony, and attention to the mental health needs of your constituents and their families. Please call upon us at MAMH as a resource for any constituent issues or technical questions that arise related to behavioral health. We look forward to working together with you as the Commonwealth continues to manage this crisis.

Sincerely,

Danna Mauch, PhD
President and CEO

CC: The Honorable Marjorie Decker, Chair, Joint Cmte on Mental Health, Substance Use, and Recovery
The Honorable Members of House Committee on Health Care Financing