



Advocating to protect therapy and continuity of care, during COVID-19

Telementalhealth needs in a time of crisis

The time for action is now, while a fourth COVID-19 bill is being considered in Congress. We desperately need an act of congress to mandate that ALL insurers, including those that offer self-funded plans (regulated by ERISA at the federal level), allow for telementalhealth via any secure platform. Specifically, the following parameters *must be mandated*:

- Telehealth benefits must be included in *all* individual and group plans.
- Telehealth benefits must extend to medical/surgical *and* MH/SUD care.
- Telehealth benefits must be available on an out-of-network benefits basis if a plan generally provides for out-of-network benefits.
- If an in-network provider is not available, the plan *must cover services* with an out-of-network provider at the in-network rate.
- Reimbursement for telehealth services *must be the same* as for in-person services, as they require the same amount of professional time, and are equally demanding on the practitioner.
- Insurance plans may not limit, require or define the type of technology for delivering telehealth services by out-of-network providers. Therapist and patient must have discretion to make that choice.
- Patients using mental health services *must not be forced to change* their providers. Continuity of care is essential in mental health treatment.

Actions to take now:

- 1) Sign and share our petition, which has been endorsed by over 16,600 individuals and counting:

[Petition: Fair coverage for telementalhealth](#)

- 2) Report insurance denials. We have created this report form to collect instances of coverage denial for telementalhealth during the COVID-19 crisis, to help us monitor specific plans for parity and other violations. Included are instances in which a policy doesn't cover telementalhealth, an insurance denial was received, or practitioners were required to go through a proprietary network, such as MDLive or LiveHealthOnline. If you or your patient(s) have encountered any of these issues, please record that information here:

[Form: Record insurance denials or restrictions](#)

- 3) Call your congressional representatives to express concern about the restrictions on mental health treatments. Tell them you support legislation by congress and directives from the Department of Labor that compel ERISA plans to lift restrictions on telementalhealth to make them consistent with the already-issued executive orders from state Governors for fully-funded plans.

Rationale:

We at the Psychotherapy Action Network are concerned that insurance plans, especially those that are ERISA/self-funded, will not help us to mitigate what we are calling a **Secondary COVID-19 Crisis**, which will be a mental health crisis accelerated by the restriction on teletherapy at a universally stressful and frightening time.

It is bad enough that confinement, uncertainty, widespread unemployment, threat of eviction, and other difficulties will both create new tensions and exacerbate long-standing emotional struggles. It is worse when ongoing therapy is denied at the very time when the country as a whole is going through such traumas, personal and social. Therapy relationships are the most essential element of successful psychotherapy, and can provide an especially valuable point of constancy and stability in these times, especially for the most disturbed, traumatized or stressed patients. Both patient and therapist have invested a lot in creating their relationship; therapy relationships are not interchangeable nor can they be prematurely relinquished without harm. Meanwhile, creating a choice between patient abandonment at a time of crisis or asking therapists to work for little or no fee, or forcing them to travel into their offices, will only lead to dire consequences, endangering patients, therapists and the public at large.

The problem:

Despite executive orders by some Governors and the commitment by CMS to relax its restrictions on telementalhealth, most insurance private plans are still not mandated to cover it.

- **Telementalhealth is not universally covered in all insurance plans**
 - Some insurers do not cover telehealth at all
 - ERISA plans are not bound by states' executive order
- **Potential parity violations**
 - Some insurers are violating parity by covering telehealth for physical, but not emotional problems, related to or exacerbated by COVID-19
- **Insurance companies restricting access by requiring proprietary technology (which is owned by the insurance companies and venture capitalists), even when secure alternatives exist**
 - Some insurers are demanding that therapists work with patients only through their own exclusive, proprietary technology platforms, despite the fact that many secure, HIPAA-compliant platforms exist.
 - Many secure, HIPAA-compliant platforms are available at a range of price points, and the clinician should be in charge of determining which works best for their practice

- Even if clinicians wanted to join these additional, proprietary technology networks, many are currently closed to new practitioners. MDLive, used by BCBS-Illinois, has a waiting list of 9 months.
- Some insurers' platforms are intrusive and unfair to patients and therapists. MDLive, for instance, takes a 40% cut of a therapist's fee (and this negotiated in-network fee is already discounted from the therapist's regular fee) for use of its platform, and only covers a shorter session duration than many clinicians routinely use. This means that BCBS essentially retains 60% of the therapist's pay for any telehealth session using the network – even though the amount of professional time and expertise involved has not changed at all.
- Many insurers have a financial stake in these proprietary platforms, owning them conjointly with venture capitalists.
- Some patients do not have video capability, and/or prefer to meet with their therapists by phone during this crisis.
- **Continuity of mental healthcare is cost effective**
 - Mental health treatments, including ongoing treatments, are cost effective. Patients with untreated mental health issues, especially those whose treatments have been prematurely terminated, are more likely to use emergency rooms, to be absent from work, to engage in risky behavior, to perform poorly at work, and to use more expensive medical services and emergency rooms at a time when medical services are already taxed to the limit.
- **Continuity of care protects patients**
 - It is most important for patients to be able to continue their care with their current therapists, and not fall prey to online offerings.

Concern regarding the current bill:

In HR 6379 as it stands, there is an enormous allocation of funds for telephonic and virtual care platforms for many interventions including mental health. We raise the possibility that these may be redundant, given the many existing platforms through which mental health services can take place, and through which practitioners can be located. (From summary of HR 6379, p. 9: "\$330 million to develop a telephonic and virtual care platform that aggregates willing providers including physicians, nurses, telehealth platforms, health systems, rural health clinics, Federally-Qualified Health Centers, and others to facilitate the furnishing of telephonic and virtual health care services.")

Yet there is still insufficient provision for the services themselves, and insufficient mandate that ALL insurance providers cover these services adequately. We seek to remedy this situation, to support our members' efforts to secure needed services for their patients, and to join with other stakeholders to make sure we work together to avoid a potential secondary COVID crisis.