



January 31, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Request for Information on Essential Health Benefits

Dear Secretary Becerra,

On behalf of ATA Action, I am writing in response to the request for information related to Essential Health Benefits (EHB) under the Patient Protection and Affordable Care Act, specifically to address how the utilization of telehealth impacted access to behavioral health services during the COVID-19 pandemic, and more broadly how telehealth can be used to remove barriers to accessing essential care.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action appreciates the opportunity to comment on the RFI and to highlight the impact of telehealth in improving access to behavioral health treatment. We applaud the Administration for acting swiftly to ensure millions of patients maintain access to care where and when they needed it.

Telehealth Increased Access to Telemental Services

During the pandemic, a number of Medicare telehealth flexibilities were granted including the removal of the in-person requirement for Medicare telemental health services. This flexibility allowed for an overwhelming number of Medicare beneficiaries to be able to utilize telehealth during the first year of the pandemic, with many accessing behavioral health services more often than compared to services of other disciplines. These findings are important for CMS to take into account as they consider making changes to telehealth in Medicare.¹ Weekly rate of in-person mental health visits decreased substantially during the pandemic, but thanks to telehealth, utilization of mental health services remained stable, allowing patient to remain in contact with their providers for their mental health needs.² Most importantly, evidence has demonstrated that telemental services like telepsychology are just as effective as in-person visits.³ Unfortunately, too often, access to affordable, reliable, and high-quality behavioral health care is

¹ <https://oig.hhs.gov/oei/reports/OEI-02-20-00520.pdf>

² <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2800138>

³ <https://www.psychiatrytimes.com/view/clinically-based-policy-decisions-inperson-requirements-for-telehealth-barriers>

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inaccessible to Americans when they need it most.⁴ While stigma around behavioral health care remain persistent, telehealth is able to fill a gap in the healthcare system that is currently experiencing a shortage of providers, resources, and bandwidth.

Telehealth helped reduce the stigma around seeking mental health or substance use disorder treatment for those who sought care confidentially. The ability to access care through telehealth broadens access to services to patients without childcare or transportation. Furthermore, audio-only telehealth, which has been a digital equalizer for those who lack access to broadband internet or video-enabled devices and for those who cannot utilize dual audio-video devices, is a critical flexibility. The ability to communicate between patients and behavioral health providers according to individuals' own needs is crucial to eliminating artificial barriers to care and advancing health equity.

Bridging Health Equities

Telehealth can eliminate disparities and inequities in health care. The U.S. has entered a period where the subject of disparities is receiving a historic level of attention by government and market stakeholders. This focus and the collective energy that accompanies it is welcome after decades of widening socioeconomic gaps across American communities and well-documented disparities in health among rural/urban communities, communities of color, and tribal nations. While telehealth is part of an imperfect health care system and barriers persist to ensuring that everyone has access to the health care they need whether in person or virtually, we believe that integrating virtual care offerings fully into the health care ecosystem and making virtual services available to those who need them will bridge the gap that the traditional health care system has not yet been able to when it comes to addressing health disparities.

Telehealth Increased Access to Substance Use and Mental Health Treatment

During the COVID-19 public health emergency, the in-person requirement for the remote prescribing of controlled substances was waived. This enabled providers to safely prescribe controlled substances via telemedicine, increasing access to clinically appropriate medications, including for mental health and substance use disorder treatment. The removal of the in-person requirement greatly increased access to care and addressed health inequities.⁵ This is especially important as mental health and substance use disorders are impacting a growing number of the people across the country.

One *JAMA* study⁶ showed access to telehealth services reduced the risk of overdose, and another *JAMA* study⁷ found no evidence that telemedicine was unsafe, overused, or associated with increased access to or improved quality of OUD care. Further, a study conducted by CDC, CMS, and NIDA⁸ suggested that the telehealth flexibilities granted during the pandemic improved access to opioid use disorder treatment and reduced the risk of opioid overdoses.

Thank you for the opportunity to provide feedback on this RFI. We stand ready to act as a resource and look forward to collaborating with your team now and in the future.

⁴ <https://www.finance.senate.gov/imo/media/doc/SFC%20Mental%20Health%20Report%20March%202022.pdf>

⁵ [https://www.jsatjournal.com/article/S0740-5472\(20\)30529-8/fulltext](https://www.jsatjournal.com/article/S0740-5472(20)30529-8/fulltext)

⁶ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2795953>

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[https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800718?utm_source=For The Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=012423](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800718?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=012423)

⁸ <https://www.cdc.gov/media/releases/2022/p0831-ccovid-19-opioids.html>



If you have any questions or would like to further engage in an additional discussion regarding the telehealth industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is positioned above the typed name.

Kyle Zebley
Executive Director
ATA Action