March 25, 2020

Office of Governor Kate Brown
State Capitol
900 Court St. NE, Suite 254
Salem, OR 97301

Oregon Department of Consumer and Business Services
Division of Financial Regulation
P.O. Box 14480
Salem, OR 97309-0405

Dear Governor Brown and State Insurance Commissioner Stolfi,

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.[1] 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[2] until the conclusion of this national emergency.**

Nearly 1 in 5 Americans have a mental health condition[3] 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.[4] 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.[5] While it is essential that we as a nation engage in community mitigation strategies to address COVID-19, public health experts

[1] Centers for Medicare & Medicaid. (March 17, 2020). Medicare Telemedicine Health Care Provider Fact Sheet. Retrieved from https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
[2] Reimbursement amount for telehealth is the same as payment for a face-to-face visit.
[3] Trica, Sienna & Bradford, Kate. (February 2019). Telebehavioral Health Care. National Conference of State Legislatures. Retrieved from https://www.ncsl.org/research/health/telebehavioral-health-care.aspx
[4] National Institute on Drug Abuse (October 13, 2017). Study highlights unmet treatment needs among adults with mental health and substance use disorders. Retrieved from https://www.drugabuse.gov/news-events/news-releases/2017/10/study-highlights-unmet-treatment-needs-among-adults-mental-health-substance-use-disorders
[5] Center for the Study of Traumatic Stress. Mental health and behavioral guidelines for response to a pandemic flu outbreak. Retrieved from http://www. usuhs.mil/psy/CSTSPandemicAvian Influenza.pdf. Accessed July 28, 2009.

recommend employing an organized mental health response to address the needs of children, adolescents, and adults both during and after a pandemic.[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[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

---

[6] *Ibid.*

[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
National Association of Insurance Commissioners