

June 6, 2023

The Honorable Virginia Foxx, Chair
Committee on Education & the Workforce
U.S. House of Representatives
2176 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Robert C. “Bobby” Scott, Ranking Member
Committee on Education & the Workforce
U.S. House of Representatives
2101 Rayburn House Office Building
Washington, D.C. 20515

Dear Chair Foxx and Ranking Member Scott,

The undersigned organizations representing mental health and substance use disorder (MH/SUD) patient advocates, providers, and non-profit organizations write today in opposition to the “*Telehealth Benefit Expansion for Workers Act of 2023*” ([H.R. 824](#)). The legislation would allow employers to offer workers stand-alone telehealth benefits, which will erode comprehensive MH/SUD coverage and may create additional barriers for individuals to receive treatment. Furthermore, such benefits would not be subject to the protections of the Mental Health Parity and Addiction Equity Act, the landmark bipartisan legislation that President George W. Bush signed into law 15 years ago.

The United States faces a MH/SUD crisis with over 30% of adults reporting symptoms of anxiety and/or depression in 2021, up from 11% in 2019.¹ National data consistently shows that 40% of all people with untreated mental health problems say they did not get treatment because they could not afford it, while another 22% said their insurance plans either did not cover mental health treatment at all or offered insufficient coverage.² Approximately 25% of people with untreated SUD say they did not receive care because they did not have health coverage and could not afford cost, and 12% said their plan did not cover SUD treatment or offered insufficient coverage.³ Further, people with co-occurring disorders were also unlikely to receive treatment for more than one disorder, even though research demonstrates simultaneous coordinated treatment produces better outcomes.⁴

¹ Mental Health and Substance Use State Fact Sheets. Henry J. Kaiser Family Foundation 2021. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets>.

² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). *2020 National Survey on Drug Use and Health, Table 8.33B Detailed Reasons for Not Receiving Mental Health Services in the Past Year: Among People 18 or Older with a Perceived Unmet Need for Mental Health Services in the Past Year; by Receipt of Past Year Mental Health Services, Percentages, 2019 and 2020*. Samhsa.gov. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs8-33pe2020.pdf>

³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2023). *National Survey on Drug Use and Health, 2021: Table 5.41B Detailed Reasons for Not Receiving Substance Use Treatment in Past Year: Among People Aged 12 or Older Classified as Needing But Not Receiving Substance Use Treatment at a Specialty Facility and Who Perceived a Need for Substance Use Treatment in Past Year; Percentages, 2021*. Samhsa.gov. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect5pe2021.htm#tab5.41b>

⁴ T.M. Kelly and D.C. Daley, “Integrated Treatment of Substance Use and Psychiatric Disorders,” *Social Work in Public Health* 28, no. 3-4 (2013): 388-406.

While telehealth has been critical to expanding access to health care services; telehealth cannot simply replace in-person service delivery. Individuals, in consultation with their providers, must be able to choose whether telehealth or in-person services are most appropriate for their needs. Some plans have implemented strategies to limit consumers' options by offering "telehealth only" or "telehealth first" coverage, which bars or limits access to in-person care. For individuals who need a higher level of outpatient care, residential care, or inpatient care to treat their MH/SUD condition(s), a "telehealth only" option can negatively impact treatment options, further delay an appropriate level of care, and can be a significant financial barrier if individuals find they must pay out-of-pocket for additional services. Further, even for outpatient services, in-person services may be most appropriate depending on an individual's treatment needs.

We cannot support legislation that will significantly weaken fundamental parity and coverage protections for consumers by allowing plans to discriminate against MH/SUD services and cover only a limited set of services. Our experience has been that, when plans are not required to cover the range of health services that individuals need or meet MH/SUD parity requirements, health plans discriminate against individuals with MH/SUD, leaving them without the ability to obtain needed treatment. The result is that such plans effectively shift costs to taxpayers when individuals' conditions and finances deteriorate and they seek services through Medicaid and other public programs. We fear this legislation would supercharge this harmful dynamic, because individuals in these plans needing higher-level services that cannot be appropriately provided via telehealth will be especially likely to shift onto taxpayer-funded programs. Therefore, our organizations believe it is imperative that any new plan types must have to comply with the requirements of the Mental Health Parity and Addiction Equity Act and the Affordable Care Act.

Finally, our organizations have concerns about shifting to telehealth-only (or telehealth-first) plans at a time when concerns have been raised about some platforms' business practices. There have been recent reports about some direct-to-consumer telehealth companies selling sensitive medical information to advertising platforms, which severely threatens patient privacy and trust in the medical community.⁵ We urge the committee to work to address such abuses and to reconsider the unintended consequences of allowing telehealth as an excepted benefit until further protections are put in place to safeguard the health and privacy of individuals and their families.

Thank you for your consideration.

Sincerely,

Alsana

American Association on Health and Disability

American Counseling Association

American Psychological Association

American Society of Addiction Medicine

American Therapeutic Recreation Association

⁵ Feathers T, Palmer K, Fondrie-Teitler S. (December 22, 2022). "Out of Control": Dozens of Telehealth Startups Sent Sensitive Health Information to Big Tech Companies. *STAT News*. Retrieved from <https://www.statnews.com/2022/12/13/telehealth-facebook-google-tracking-health-data/>

Center for Discovery

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Eating Disorders Coalition for Research, Policy, & Action

Eating Recovery Center

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

Lakeshore Foundation

Legal Action Center

Mental Health America

Monte Nido & Affiliates

National Alliance on Mental Illness

Network of Jewish Human Service Agencies

Pathlight Mood and Anxiety Center

Prosperity Eating Disorders and Wellness

REDC Consortium

RI International

The Kennedy Forum

The Renfrew Center for Eating Disorders