

January 22, 2024

The Honorable Martin Heinrich, Chairman  
Agriculture, Rural Development, Food and Drug  
Administration, and Related Agencies  
Subcommittee  
United States Senate Committee on  
Appropriations  
Washington, D.C. 20510

The Honorable Andy Harris, Chairman  
Agriculture, Rural Development, Food and Drug  
Administration Subcommittee  
U.S. House of Representatives Committee on  
Appropriations  
Washington, D.C. 20515

The Honorable John Hoeven, Ranking Member  
Agriculture, Rural Development, Food and Drug  
Administration, and Related Agencies  
Subcommittee  
United States Senate Committee on  
Appropriations  
Washington, D.C. 20510

The Honorable Sanford Bishop, Ranking  
Member  
Agriculture, Rural Development, Food and Drug  
Administration Subcommittee  
U.S. House of Representatives Committee on  
Appropriations  
Washington, D.C. 20515

Dear Chair Heinrich, Ranking Member Hoeven, Chair Harris, and Ranking Member Bishop,

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) and subsequent iterations within any Fiscal Year 2024 spending package.

The legislation would allow employers to offer workers stand-alone telehealth benefits, which will erode comprehensive mental health and substance use disorder (MH/SUD) coverage and may create additional barriers for individuals to receive covered 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 over 15 years ago.

Between 2019-2022, the United States has seen an approximately 40% increase in Americans seeking mental health services.<sup>1</sup> This includes one-third of adults reporting symptoms of depression or anxiety, one in 25 adults living with a serious mental illness, and suicide rates up 30% from two decades ago.<sup>2, 3, 4</sup> Further complicating this trend is the 30% of Americans with employer-sponsored health insurance that are underinsured,<sup>5</sup> which increases out-of-pocket costs, raises the risk of medical debt, and/or forgoing care entirely. Roughly 41% of Americans report unpaid medical bills, including debt owed to credit cards,

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<sup>1</sup> Cantor JH, McBain RK, Ho P, Bravata DM, Whaley C. Telehealth and In-Person Mental Health Service Utilization and Spending, 2019 to 2022. *JAMA Health Forum*. 2023;4(8):e232645. doi:10.1001/jamahealthforum.2023.2645

<sup>2</sup> National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2020–2023. Anxiety and Depression. Generated interactively: from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

<sup>3</sup> Centers for Disease Control and Prevention. Mental Health Basics. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>

<sup>4</sup> Garnett M, Curtin S, Stone D. Suicide Mortality in the United States, 2000-2020. National Center for Health Statistics. 2022;433. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db433.htm>

<sup>5</sup> Pan Foundation. Being Uninsured and Underinsured in the U.S. 2020;14. Retrieved from

<https://www.panfoundation.org/app/uploads/2020/10/Issue-Brief-14-Being-uninsured-and-underinsured-in-the-US.pdf>

collection agencies, banks, and family and friends.<sup>6</sup> This trend disproportionately impacts Black and Hispanic adults, women, parents, low-income households, uninsured, and underinsured adults.<sup>7</sup>

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.<sup>8</sup> People with co-occurring disorders are also unlikely to receive treatment for more than one disorder, even though research demonstrates simultaneous coordinated treatment produces better outcomes.<sup>9</sup>

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.<sup>10</sup> 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. Depending on the individual's treatment needs, even outpatient services delivered in-person may be most appropriate and should be a decision made between the individual and the health provider, not an insurance plan.

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 plans and issuers effectively shift costs to taxpayers when individuals' conditions and finances deteriorate, and they seek services through Medicaid and other public programs.

Finally, we understand the legislation does not bar an individual from enrolling in an Affordable Care Act (ACA) plan to ensure they have the coverage they need; however, only two states permit year-round enrollment in an ACA plan. Given approximately 88% of adults living in the U.S. have inadequate health literacy to navigate the healthcare system, it is critical Congress does not expand substandard health plans and put Americans at greater health and financial risk.<sup>11</sup>

We look forward to continuing to work with Congress to advance policies that provide Americans with comprehensive health care. We thank you for your consideration on this important matter.

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<sup>6</sup> Lopes L, Presiado M, Hamel L. Americans' Challenges with Health Care Costs. Kaiser Family Foundation. 2023. Retrieved from <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

<sup>7</sup> Ibid.

<sup>8</sup> 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/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/NSDUHDetTabs8-33pe2020.pdf>

<sup>9</sup> 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.

<sup>10</sup> UnitedHealthcare's NavigateNOW, Harvard Pilgrim's SimplyVirtual, Kaiser Permanente's Virtual Forward, Priority Health's MyPriority Telehealth PCP.

<sup>11</sup> Lopez C, Kim B, Sacks, K. Health Literacy in the United States Enhancing Assessments and Reducing Disparities. Milken Institute. Retrieved from [https://milkeninstitute.org/sites/default/files/2022-05/Health\\_Literacy\\_United\\_States\\_Final\\_Report.pdf](https://milkeninstitute.org/sites/default/files/2022-05/Health_Literacy_United_States_Final_Report.pdf)

Sincerely,

Accanto Health | The Emily Program, Veritas Collaborative, Gather Behavioral Health

American Association on Health and Disabilities

American Counseling Association

American Psychological Association Services

Center for Discovery

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Eating Disorders Coalition for Research, Policy, & Action

Eating Recovery Center

International OCD Foundation

Lakeshore Foundation

Mental Health America

Monte Nido & Affiliates

National Alliance on Mental Illness

Pathlight Mood & Anxiety Center

Prosperity Eating Disorders and Wellness

Psychotherapy Action Network

REDC Consortium

The Kennedy Forum

The Renfrew Center

Cc:

The Honorable Patty Murray, Chair, U.S. Senate Committee on Appropriations

The Honorable Susan Collins, Ranking Member, U.S. Senate Committee on Appropriations

The Honorable Kay Granger, Chair, U.S. House of Representatives Committee on Appropriations

The Honorable Rosa DeLauro, Ranking Member, U.S. House of Representatives Committee on Appropriations

The Honorable Chuck Schumer, Majority Leader, U.S. Senate

The Honorable Mitch McConnell, Minority Leader, U.S. Senate

The Honorable Mike Johnson, Speaker, U.S. House of Representatives

The Honorable Hakeem Jeffries, Minority Leader, U.S. House of Representatives