April 1, 2020

The Honorable Alex Azar
Secretary
US Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave, S.W.
Washington DC, 202021

RE: EXPANDING TELEHEALTH ACCESS FOR BEHAVIORAL AND MENTAL HEALTH SERVICES

Dear Secretary Azar and Administrator Verma:

Due to the ongoing coronavirus pandemic, we strongly urge the Centers for Medicare and Medicaid Services (CMS) to immediately expand telehealth access for Medicare recipients to include audio-only telehealth services. During this public health emergency, telehealth can play a critical role in providing behavioral and mental health services, and no Medicare recipient should be denied access to treatment of any kind.

Current CMS regulations only reimburse telehealth services conducted through “communications equipment that includes, at a minimum, audio and video equipment permitting two-way-real-time interactive communications” (42 C.F.R. §410.78(a)(3)). This would include laptops, tablets and smart phones; however, it excludes telephone conversations.

It is our understanding that Sec. 3703 of the recently passed Coronavirus Aid, Relief, and Economic Security Act does provide authority for the Secretary of the U.S. Department of Health and Human Services to waive this requirement during a public health emergency. As Members of the Mental Health Caucus, we strongly urge you to waive this requirement.

According to a May 2019 Federal Communications Commission report, between 21.3 million and 42 million Americans lack broadband access. This includes Medicare beneficiaries, some mental health providers, rural Americans and older adults. Due to this lack of access, expanding telehealth access to include audio-only telehealth services, could immediately help these vulnerable communities.
The Centers for Disease Control and Prevention (CDC) has recommended that those age 60 and older avoid crowds, and that those in a community with an outbreak stay home as much as possible. However, social isolation and loneliness are serious health programs.

According to a 2020 National Academies of Sciences, Engineering and Medicine report, 43 percent of adults age 60 or older in the United States reported feeling lonely. A 2010 Annals of Behavioral Medicine report and a 2016 Gerontology report found that stay-at-home orders may cause those who are socially isolated to experience elevated anxiety and depressive symptoms, and loneliness can also impact physical health, including raised blood pressure, lowered immune function and increased risk of death.

While the CDC does offer advice for managing stress around the outbreak, it is important that we help Medicare beneficiaries maintain interpersonal connections and ease their transition to any new routine around social support, including access to behavioral and mental health services.

Thank you for your prompt attention to this serious matter.

Sincerely,

Grace F. Napolitano
Member of Congress
Co-Chair, Mental Health Caucus

John Katko
Member of Congress
Co-Chair, Mental Health Caucus