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.1 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.2, 3, 4 Further complicating this trend is the 30% of Americans with employer-sponsored health insurance that are underinsured,5 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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collection agencies, banks, and family and friends. This trend disproportionately impacts Black and Hispanic adults, women, parents, low-income households, uninsured, and underinsured adults.

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. 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.

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. 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.

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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7 Ibid.


10 UnitedHealthcare’s NavigateNOW, Harvard Pilgrim’s SimplyVirtual, Kaiser Permanente’s Virtual Forward, Priority Health’s MyPriority Telehealth PCP.

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