



July 12, 2022

The Honorable Ron Wyden
Chair, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Committee on
Finance
U.S. Senate
Washington, DC 20510

The Honorable Ben Cardin
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable John Thune
Member, Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Cardin and Senator Thune:

On behalf of the Primary Care Collaborative (PCC) and PCC's Better Health – NOW campaign, we applaud your work to advance the Telemental Health Access Act and offer our support for key provisions of the discussion draft released on May 26, 2022.

PCC is a nonprofit, nonpartisan multi-stakeholder coalition of 60+ organizational [Executive Members](#) ranging from clinicians and patient advocates to employer groups and health plans. PCC's members share a commitment to an equitable, high value health care system with primary care at its base care that emphasizes comprehensiveness, longitudinal relationships, and "upstream" drivers for better patient experience and better health outcomes (See the [Shared Principles of Primary Care](#)).

In March 2022, PCC launched the Better Health – NOW campaign to realize bold policy change. This campaign starts from a simple principle: We need strong primary care in all communities so everyone has access to better health. Primary care is the only component of the U.S. health care system where increased supply is associated with improved population health, lower costs and more equitable outcomes.¹ Yet today, the U.S. devotes only 5% to 7% of health care dollars to primary care, a proportion that is trending down even as glaring health disparities persist.^{2,3} Better Health – NOW advocates for policy changes that reform both how much we invest in primary care as well as how we pay for it – to assure everyone has access to primary care which they can trust.

¹ McCauley L, Phillips RL, Meisnere M, Robinson SK. Read "Implementing high-quality primary care: Rebuilding the foundation of Health Care" at nap.edu. National Academies Press: OpenBook. <https://nap.nationalacademies.org/read/25983/chapter/1>. Published 2021. Accessed April 15, 2022.

² Greiner A, Kempinski A. Primary care spending: High stakes, low investment. Primary Care Collaborative. <https://www.pcpcc.org/resource/evidence2020>. Published April 20, 2022. Accessed April 15, 2022.

³ 2021 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; December 2021. AHRQ Pub. No. 21(22)-0054-EF.

In the U.S. today, the specialty behavioral health delivery system is overwhelmed by increasing suicide rates,⁴ accelerating rates of substance use disorder deaths⁵, and a tripling in the prevalence of depressive symptoms since the beginning of the pandemic.⁶ Moreover, noted disparities in mental health by rurality and economic circumstances exist, and for the first time in several years, there are proportionally more drug-induced deaths among the Black population than the white population.⁷

Leveraging team-based primary care that includes behavioral health integration is fundamental to an effective response to the national mental health and addiction crises. Today, more mental health care is rendered in the primary care setting than anywhere else, including the mental health care sector, continuing a trend that has existed for four decades.⁸ Even prior to the COVID-19 pandemic, the Health Resources and Services Administration projected gaps between the nationwide supply of and demand for both primary care clinicians and certain behavioral health professionals.⁹ ¹⁰ Given this shortage, mental health professionals and primary care clinicians have a common interest in using telehealth to expand their capacity to meet the growing mental health care needs of the country.

Telehealth technologies have the potential to contribute to safe, high-quality primary care particularly if utilized in coordination with an individual's medical home. Telehealth technologies can increase access to care, improve health outcomes by enabling timely care interventions¹¹ and decrease costs when utilized as a component of, and coordinated

⁴ Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2019. NCHS Data Brief, no 398. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:101761>.

⁵ Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2019. NCHS Data Brief, no 394. Hyattsville, MD: National Center for Health Statistics. 2020.

⁶ Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Netw Open*. 2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686

⁷ Pain in the Nation: Alcohol, Drug and Suicide Epidemics. Trust for America's Health and Well-Being Trust. May 2021. https://www.tfah.org/wp-content/uploads/2021/05/2021_PainInTheNation_Fnl.pdf

⁸ Regier, D. A., Goldberg, I. D., & Taube, C. A. (1978). The de facto US mental health services system. *Archives of General Psychiatry*, 35(6).

<https://doi.org/10.1001/archpsyc.1978.01770300027002>

; Jetty, A., Petterson, S., Westfall, J. M., & Jabbarpour, Y. (2021). Assessing primary care contributions to behavioral health: A cross-sectional study using Medical Expenditure Panel Survey. *Journal of Primary Care & Community Health*, 12.

<https://doi.org/10.1177/21501327211023871>

⁹ Health Resources & Services Administration. (n.d.). *Primary Care Practitioners Workforce Projections*. HRSA | Bureau of Health Workforce. Retrieved from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-care-practitioners>

¹⁰ Health Resources & Services Administration. (n.d.). *Behavioral Health Workforce Projections*. HRSA | Bureau of Health Workforce. Retrieved from <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health>

¹¹ Batsis, J. A., DiMilia, P. R., Seo, L. M., Fortuna, K. L., Kennedy, M. A., Blunt, H. B., Bagley, P. J., Brooks, J., Brooks, E., Kim, S. Y., Masutani, R. K., Bruce, M. L., & Bartels, S. J. (2019). Effectiveness of Ambulatory Telemedicine Care in Older Adults: A Systematic Review. *Journal of the American Geriatrics Society*, 67(8), 1737–1749. <https://doi.org/10.1111/jgs.15959>

with, longitudinal primary care.¹² For these reasons, PCC and the Better Health – NOW Campaign support the key provisions of the Telemental Health Access Act discussion draft, as described below.

Ensuring coverage for mental health services furnished through telehealth

One hundred and fifty-one days after the expiration of the COVID-19 Public Health Emergency, current Medicare statute and regulation would bar reimbursement for tele-mental health services unless a patient has had an in-person encounter with a member of the same clinician or provider group in the previous six months and require an in-person visit every twelve months. If permitted to go into effect, these restrictions would limit the ability of primary care practices to leverage tele-mental health services to deliver comprehensive and integrated care. As a result, fewer patients, particularly those in rural and underserved areas, would have access to critical mental health services.

PCC supports removing the requirement for in-person visit for tele-mental health visits and leaving the decision of the appropriate modality of tele-mental health care to the professionalism and training of the care team and the patient. We are pleased the discussion draft, under certain circumstances, would allow Medicare coverage and reimbursement without such an in-person visit. PCC is particularly encouraged that the discussion draft addresses these barriers to care across community health centers, rural health clinics and practices that rely on the physician fee schedule. As the legislation moves forward, we encourage the Committee to consider the potential for increased documentation burdens on primary care practices and ensure final legislative language does everything possible to mitigate those burdens and the potential downstream regulatory impact on primary care.

PCC also supports provisions enabling primary care practices to rely on audio-only telemental health services beyond the pandemic. During the COVID-19 pandemic, audio-only technology helped ensure and expand access to behavioral health care services. Although in-person care or audio-video care is preferred over audio-only care, there are many situations when audio-only care is the only option for patients. The draft also wisely provides analysis of the utilization and effectiveness of audio-only services. Future audio-only coverage decisions should be informed by careful analysis of outcomes, disparities across vulnerable populations, appropriateness of care settings, quality standards, and the potential for fraud, waste, and abuse.

As the legislation moves forward, PCC urges the Committee to work with CMS to limit the burden on practices associated with any modifier.

Guidance on furnishing behavioral health services via telehealth to individuals with limited English proficiency

A CMS Office of Minority Health analysis, published in 2017, found 8% of Medicare beneficiaries have limited English proficiency, including 49% of Hispanic beneficiaries, 57% of Asian beneficiaries and 27% of Native Hawaiian and other Pacific Islander

¹² Snoswell CL, Taylor ML, Comans TA, Smith AC, Gray LC, Caffery LJ. (2020). Determining if Telehealth Can Reduce Health System Costs: Scoping Review. *J Med Internet Res.* 22(10):e17298. <https://doi.org/10.2196/17298>.

beneficiaries.¹³ We support requiring the Secretary of HHS to issue guidance on provision of Medicare telehealth services for individuals with limited English proficiency. This Medicare provision complements the Bipartisan Safer Communities Act which will require Medicaid telehealth guidance on providing accessible and culturally competent care for a variety of populations, including individuals with limited English proficiency.

PCC is concerned by disparities in access to telehealth technology. A February 2022 HHS [publication](#) reported that telehealth utilization during the period of April to October 2021 varied by race, region, education, income, and insurance. The report notes that “several barriers can prevent patients from engaging with their providers via telehealth, including disparities in technology and device ownership, lack of broadband access, digital literacy, limited English proficiency, and social isolation.”¹⁴

We encourage the Committee to ensure any guidance identifies practices and steps that can be taken to minimize burdens on practices, particularly small, rural or safety net practices furnishing behavioral health services via telehealth.

PCC and our Better Health-NOW campaign participants stand ready to work with you to enact a bipartisan package this year. Please contact PCC’s Director of Policy, Larry McNeely (lmcneely@thepcc.org) with any questions.

Sincerely,



Ann Greiner
President & CEO
Primary Care Collaborative

¹³ Center for Medicare & Medicaid Services, Office of Minority Health. (n.d.). *Understanding Communication and Language Needs of Medicare Beneficiaries*. Center for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Briefs-Understanding-Communication-and-Language-Needs-of-Medicare-Beneficiaries.pdf>

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