

May 22, 2020

Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
314G-01 Humphrey Bldg.  
200 Independence Avenue  
Washington, D.C. 20201

**Re: Request that Regulations Providing Flexibility for Telehealth in Medicaid, Medicare, CHIP, and Federally Subsidized and Funded Health Programs be Extended After the COVID-19 Emergency, Allowing for- a Transition Period for Data Collection and Adequate Time to Determine which Flexibilities to Make Permanent**

Dear Administrator Verma:

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, families, mental health and addiction providers, advocates and other stakeholders committed to strengthening access to high-quality mental and behavioral health care, writes to request that the emergency regulations providing flexibility for telehealth in Medicaid, Medicare, CHIP, and other federally funded and subsidized health programs be extended for a reasonable transition period following the emergency period to collect appropriate data to provide an adequate amount of time to determine which flexibilities should be continued permanently.

First and foremost, MHLG's members and their allies and providers in the mental illness and substance use disorder prevention and treatment fields want to express our gratitude for your quick and effective actions in reducing previous telehealth restrictions in federally funded and subsidized health programs to meet access and treatment needs in the ongoing COVID-19 pandemic. We especially appreciate your broadening the permitted use of audio-only phone telehealth.

Anecdotal evidence from the field reported by providers and in the press<sup>1</sup> indicates these flexibilities have facilitated access to and by behavioral health providers across all federally funded and subsidized programs under conditions that might otherwise have seen a much greater reduction in access. Despite the social distancing measures that have needed to be put in place during the pandemic, behavioral health providers have been able to maintain contact, communications, and therapeutic activities with their patients via landlines, smartphones, and computer-based applications. Many patients in rural and frontier remote areas, but also in hard-hit urban areas, have been able to maintain their therapeutic relationships with their providers.

While none of us know when the current emergency will end, we urge CMS to establish a one-year transition period, beginning once the emergency declaration is terminated, to retain the current telehealth flexibilities, including those relating to audio-only phone telehealth, and to plan for how all or some might be extended permanently. It is clear that the trauma resulting from the social distancing measures taken to shorten the duration of the pandemic, and the pandemic itself, will leave the U.S. population in need of continued and/or enhanced behavioral health services and that need will not end when the pandemic emergency is declared over.

During the transition period that we propose would follow the emergency period, telehealth flexibilities would be retained. CMS and states would collect, during and after the declared pandemic emergency, data and/or

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<sup>1</sup> [With Red Tape Lifted, Dr. Zoom Will See You Now](#), Paula Span, *New York Times* The New Old Age, May 8; [Doctors and Patients Turn to Telemedicine in the Coronavirus Outbreak](#), Reed Abelson, *New York Times*, May 11; [A Pandemic Benefit: The Expansion of Telemedicine](#), Jane E. Brody, *New York Times*, May 11; [5 Reasons Why Telehealth Is Here To Stay \(COVID-19 And Beyond\)](#), Joe Harpaz, *Forbes*, May 4.

outcomes to assess the use and impact of these telehealth options. Such data collection would help inform CMS' decisions on which flexibilities should be made permanent and responsibly administered. The transition period would also provide time to determine which flexibilities would require statutory changes by Congress to be made permanent and/or allow states to submit to CMS the necessary requests for authority revisions for approval.

Again, thanks so much for the flexibility CMS has shown in implementing telehealth flexibilities during the pandemic. We hope we can partner with the agency in determining which of these flexibilities to make permanent after the emergency has passed.

Sincerely,

American Association of Child and Adolescent Psychiatry  
American Association for Geriatric Psychiatry  
American Association on Health and Disability  
American Association for Psychoanalysis in Clinical Social Work  
American Federation for Suicide Prevention  
American Group Psychotherapy Association  
American Mental Health Counselors Association  
American Psychiatric Association  
American Psychological Association  
American Society of Addiction Medicine  
Anxiety and Depression Association of America  
Association for Behavioral Health and Wellness  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
College of Psychiatric and Neurologic Pharmacists  
Confederation of Independent Psychoanalytic Societies  
Depression and Bipolar Alliance  
Eating Disorders Coalition  
Global Alliance for Behavioral Health and Social Justice  
International OCD Foundation  
The Jewish Federations of North America  
The Kennedy Forum  
Mental Health America  
Michael J. Fox Foundation for Parkinson's Research  
National Alliance to Advance Adolescent Health  
National Alliance on Mental Illness  
National Association for Children's Behavioral Health  
National Association of County Behavioral Health and Disability Directors  
National Association of Social Workers  
National Association of State Mental Health Program Directors (NASMHPD)  
National Council on Behavioral Health  
National Disability Rights Network  
National Eating Disorders Association  
National Federation of Families for Children's Mental Health

National Health Care for the Homeless Council

*(more)*

National League for Nursing

National Register of Health Service Psychologists

Postpartum Support International

Residential Eating Disorders Consortium

Schizophrenia and Related Disorders Alliance of America

Smart Recovery

Tourette Association of America

Trinity Health

cc: Senate Majority Leader Mitch McConnell  
Senate Minority Leader Chuck Schumer  
Senator Charles Grassley, Chairman, Senate Finance Committee  
Senator Lamar Alexander, Chairman, Senate HELP Committee  
Senator Ron Wyden, Ranking Member, Senate Finance Committee  
Senator Patty Murray, Ranking Member, Senate HELP Committee  
Speaker Nancy Pelosi, House of Representatives,  
House Minority Leader Kevin McCarthy  
Representative Frank Pallone, Chairman, House Energy and Commerce Committee  
Greg Walden, Ranking Member, House Energy and Commerce Committee  
Alex Azar, Secretary of Health and Human Services  
Eric D. Hargan, Deputy Secretary of Health and Human Services  
Roger Severino, Director, HHS Office of Civil Rights  
Calder Lynch, Deputy Administrator, Medicaid and CHIP Services  
Demetrios L. Kouzoukas, Principal Deputy Administrator & Director of Center for Medicare  
Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use  
Randy Pate, Deputy Administrator and Director, Center for Consumer Information and Insurance  
Oversight