



Statement for the
U.S. House Committee on Energy & Commerce, Health Subcommittee
Hearing on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”
March 2, 2021

Thank you for holding this hearing to discuss the important role telehealth is playing during the COVID-19 pandemic and for allowing the National Safety Council (NSC) to submit these comments for the record.

NSC is America’s leading nonprofit safety advocate and has been for over 100 years. As a mission-based organization, we work to eliminate the leading causes of preventable death and injury, focusing our efforts on the workplace, roadway and impairment. We create a culture of safety to keep people safer at work and beyond the workplace so they can live their fullest lives. Our more than 15,000 member companies, including federal agencies, represent 7 million employees at nearly 50,000 U.S. worksites.

The COVID-19 pandemic has taken a serious toll on the mental health of Americans, with 40% of U.S. adults reporting that they struggled with mental health or substance use in June 2020.¹ Studies show that from February to December 2020, the risk of having a general anxiety disorder increased by 80%. The risk of having depressive disorder has increased by 145%,² with women showing the largest increases in stress and anxiety. A snapshot of stress levels in January 2021 revealed that 84% of Americans are experiencing negative emotional states, including feeling sad, angry, scared and unsafe.³

Additionally, recently released data show the 2018 dip in both general and opioid-related overdose fatalities was reversed in 2019, with preliminary statistics indicating the number of opioid overdose fatalities surpassed 50,000 in 2019.⁴ The U.S. reached a tragic new high in the 12-month period ending in June 2020, with over 83,000 opioid overdose fatalities reported.⁵ Lastly, over 40 states are reporting an increase in opioid overdose fatalities since the beginning of the pandemic.⁶

Treatment for mental health and substance use disorders (SUD) is effective, but access to treatment, which was a significant barrier before COVID, has been strained further since the pandemic. Over 50% of adults with a mental illness go untreated and over 20% of adults with a mental illness reported not receiving the treatment they needed.⁷ Additionally, only 10.3% of people with an SUD in 2019 received any treatment, and only 18% of people with an opioid use

¹ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1> external icon.

² <https://connect.nationalalliancehealth.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=1b159a27-931e-6069-03b2-30e0ce570e32&forceDialog=0>

³ <https://www.apa.org/news/press/releases/stress/2021/stress-snapshot-january.pdf>

⁴ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁵ <https://emergency.cdc.gov/han/2020/han00438.asp>

⁶ <https://www.ama-assn.org/system/files/2020-09/issue-brief-increases-in-opioid-related-overdose.pdf>

⁷ https://www.mhanational.org/issues/mental-health-america-access-care-data#adults_ami_no_treatment



disorder (OUD) received medications for addiction treatment.⁸ The increase in telehealth services, along with other actions taken by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA),⁹ helped address some, but not all, of these disruptions.

Given the increased need and decreased access to services across all medical fields, the telehealth service mechanism required additional support in 2020. Telehealth is an underutilized tool that is essential for reaching hard-to-reach populations, including rural and underserved communities. It can break down barriers to providing behavioral health services and care, and increase access and availability. In some cases, telehealth can allow for greater privacy, anonymity and avoidance of the stigma that can be attached to being a behavioral health patient.

Additionally, telehealth can improve care outside of traditional care sites such as doctors' offices and community health centers. This is particularly important for rural areas and people who are isolating (including those who are quarantining, abiding by stay-at-home orders, and those not comfortable with in-person visits, etc.) during the COVID-19 pandemic. It also enhances communication between patients and providers and extends a limited workforce.¹⁰ Increased telehealth coverage and utilization can also increase the capacity to remotely monitor and improve the quality of remote monitoring of high-risk and hard-to-reach populations, which can help shape interventions and provide better population-level and individual care.

COVID-19 has forced a rapid expansion of telehealth services and utilization has risen accordingly, with one payer reporting an increase from 200 telehealth claims a day in February 2020 to 38,000 a day in May 2020.¹¹ Almost 50% of those claims were related to mental health. Maintaining increased access and availability of telehealth services after the COVID-19 pandemic will be critical to meeting the anticipated increased demand for services on an already overburdened workforce.

While telehealth has been a critical component of the COVID-19 response, increased telehealth access has been debated for years. Increasing careful programming and expanding funding are critical. Barriers exist to effective implementation of telehealth practices, including but not limited to:¹²

- Lack of patient internet or phone access;
- Lack of health care coverage;
- Lack of training on effective health care professional best practices;
- Reimbursement discrepancies that pay at a lower rate than in-person visits, effectively disincentivizing health care professionals to offer their services via telehealth;
- Disparate coverage models (both governmental and private) and payment mechanisms, with no standardization on funding sources and covered services across payers;
- Perceived lower quality care in comparison to in-person appointments; and

⁸

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFR1PDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

⁹ <https://www.healthaffairs.org/doi/10.1377/hblog20200331.557887/full/>

¹⁰ <https://www.mhanational.org/blog/tele-mental-health-now-and-now>

¹¹ <https://healthpayerintelligence.com/news/mental-health-visits-take-majority-of-1m-payer-telehealth-claims>

¹² <https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers>



- Mistrust of technology, including privacy concerns.

While almost all state Medicaid programs reimburse for some level of telehealth services, coverage is inconsistent. This is also true for those with employer-sponsored coverage. In one 2019 survey, only 50% of employee respondents across the nation reported that their employer health care plan provided telehealth coverage.¹³ While coverage for telehealth has been enhanced and expanded due to the COVID-19 pandemic, this is not necessarily permanent.

Given the great need for continued support for and expansion of telehealth services in the U.S., NSC offers the following recommendations:

- Continue to offer telehealth as an essential part of coverage
- Update licensing requirements to make it easier to provide telehealth services, including allowing providers to practice across state lines, and permission for pre-licensure providers to utilize telehealth services under supervision
- Improve and standardize coverage models, payment mechanisms and reimbursement practices for telehealth services across government (Medicaid, Medicare) and private payers
- Remove barriers to accessing telehealth services, including:
 - Covering technology and other services needed to ensure patient access to telehealth services
 - Allowing initiation of care virtually
- Increase telehealth capacity and remove barriers for providers of medications for addiction treatment (MAT) and other SUD treatment interventions
- Determine when telehealth is or is not a good stand-in for in-person care
- Develop standards of care for providing telehealth services
- Apply the developed standards of care to all telehealth providers to ensure quality of care is maintained and individualized to the specialty to avoid an overly general one-size-fits-all approach.

Thank you again for holding this hearing. The National Safety Council looks forward to working with you to increase access to this essential tool.

¹³ <http://dmeac.org/2019/05/30/2019-dmeac-mental-health-pulse-survey-results/>