

February 23, 2021

Office of Governor Greg Abbott
Suite 151-B
State Insurance Building
1100 San Jacinto Boulevard
Austin, Texas 78701

Office of Insurance Commissioner
Department of Insurance
333 Guadalupe Street
Austin, Texas 78701

Dear Governor Abbott & Office of the Insurance Commissioner,

The undersigned entities represent mental health and addiction providers, consumers, advocates and other stakeholders at the state level who continue to provide critical care and resources to individuals and families with mental health and substance use disorder conditions during the COVID-19 pandemic. Given the recent guidance¹ from Acting Secretary Cochran at the U.S. Department of Health and Human Services stating the public health emergency will likely continue through the entirety of 2021, we write today to urge coverage and payment parity for tele-mental health services through 2021 for outpatient (OP), intensive outpatient (IOP) and partial hospitalization program (PHP) levels of care. Texans deserve a safe and effective treatment environment until on-site treatment involving group therapy can be offered with minimal exposure risk to patients and staff. Until that time, coverage for quality telehealth treatment must remain in place.

The mental health of Americans has deteriorated significantly during the COVID-19 pandemic.² In Texas, approximately 40% of adults reported symptoms of anxiety and/or depressive disorder, compared to 37.7% of adults in the U.S.³ Historically, Texas lags behind most other states on mental health care as the state ranks 38th among the 50 states based on the prevalence of mental illness and access to care.⁴ Partially explaining this lag is that the state is a designated Health Professional Shortage Area (HPSA), with only 32.5% of the mental health needs of residents being met.⁵ However, the expansion of telehealth during this time has increased access for Texans to receive care from their home. Telehealth has also made it possible to maintain continuity of care and critical stability for patients already in treatment.

In order to protect the health and safety of our patients and workforce, our services at the PHP, IOP and OP levels of care were quickly mobilized to expand to virtual treatment delivery to meet the needs of Texans. However, we remain increasingly concerned that payers will end telehealth coverage and remove access to medically necessary treatment for individuals in the state. Such coverage termination will result in the discontinuation of care for patients who are actively receiving an ambulatory level of care and prevent patients at higher levels of treatment from transitioning to the clinically essential ambulatory levels of care.

¹ Secretary of Health and Human Services (2021). Retrieved from <https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf>

² Kaiser Family Foundation. (November 19, 2020). Mental Health in Texas. Retrieved from <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas>

³ Price, Sean. (October 2020). Pandemic Pressures: COVID-19 Poses Serious Behavioral Health Challenges. Texas Medical Association. Retrieved from <https://www.texmed.org/Template.aspx?id=54816>

⁴ Kaiser Family Foundation. (November 19, 2020). Mental Health in Texas. Retrieved from <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas>

⁵ Ibid

Many patients seeking treatment will no longer have access to treatment at all, as the program they need will not be available in an on-site facility.

Over the past several months, payers have set arbitrary dates for discontinuation of telehealth services and the dates are inconsistent across payors (even in the same state). There has been no consideration for patients' access to treatment if telehealth coverage is discontinued and there has been no effort to provide for transitional planning or continuity of care for those already in treatment. Payors have presented no clinical or public health reasoning for the discontinuation of coverage for these services.

Specifically, United Healthcare/Optum has 33% of the large group market and 14% of the small group market in Texas⁶⁷ and has a discontinuation of telehealth coverage set for February 28, 2021. Blue Cross Blue Shield of Texas (BCBSTX) has the largest footprint in Texas with 43% of the large group market and 69% of the small group market.⁸⁹ BCBSTX terminated telehealth coverage for PHP in January of 2021. They did extend their coverage for IOP, which is positive news for patients who need that level of care. However, these arbitrary coverage determinations between the two largest insurers in the state will severely impact the recovery of thousands of residents who are seeking treatment or actively in treatment. Because on-site treatment options are in many cases not available, the impact of these decisions is to severely inhibit or prevent patient access to clinically and medically necessary outpatient treatment, which is incongruent with required parity for mental health services.

We urge you to protect the mental health of your fellow Texans and work with your colleagues and the Texas State Legislature to ensure this critical coverage for life-saving mental health care is maintained.

Sincerely,

American Association for Psychoanalysis in Clinical Social Work

American Foundation of Suicide Prevention, East Texas Chapter

American Foundation for Suicide Prevention, North Texas Chapter

American Foundation of Suicide Prevention, South Texas Chapter

American Foundation of Suicide Prevention, West Texas Chapter

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Center for Discovery, Addison

Center for Discovery, Austin

⁶ Kaiser Family Foundation. (2018). Market Share and Enrollment of Largest Three Insurers – Large Group Market. Retrieved from <https://www.kff.org/other/state-indicator/market-share-and-enrollment-of-largest-three-insurers-large-group-market/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁷ Kaiser Family Foundation. (2018). Market Share and Enrollment of Largest Three Insurers – Small Group Market. Retrieved from <https://www.kff.org/other/state-indicator/market-share-and-enrollment-of-largest-three-insurers-small-group-market/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁸ Kaiser Family Foundation. (2018). Market Share and Enrollment of Largest Three Insurers – Large Group Market. Retrieved from <https://www.kff.org/other/state-indicator/market-share-and-enrollment-of-largest-three-insurers-large-group-market/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁹ Kaiser Family Foundation. (2018). Market Share and Enrollment of Largest Three Insurers – Small Group Market. Retrieved from <https://www.kff.org/other/state-indicator/market-share-and-enrollment-of-largest-three-insurers-small-group-market/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Center for Discovery, Cypress

Center for Discovery, Dallas

Center for Discovery, Houston

Deblin Health Concepts and Associates, LLC a Seaside Healthcare Company

Eating Recovery Center, Austin

Eating Recovery Center, Dallas

Eating Recovery Center, Fort Worth

Eating Recovery Center, Houston

Eating Recovery Center, San Antonio

Eating Recovery Center, The Woodlands

Emergence Health Network

InnerWisdom, Inc.

Mental Health America of Greater Dallas

National Alliance on Mental Illness Texas

National Association of Social Workers, Texas Chapter

Texas Council of Community Centers

Texas Counseling Association

Texas Psychological Association

CC: Representative Tom Oliverson
Texas Congressional Delegation