# Issue Brief

# Using Telebehavioral Health to Increase Access to Care for Rural and Vulnerable Populations Amid COVID-19

#### Overview

There are an <u>estimated</u> 11.4 million adults living with a serious mental illness and 20.3 million people aged 12 or older with a substance use disorder in the United States. Pandemics and infectious disease outbreaks such as COVID-19 can <u>increase</u> fear-induced behaviors and trigger or worsen psychiatric disorders such as depression, anxiety, post-traumatic stress, and substance use. Compounding this burden are the pre-existing disparities that rural and vulnerable populations face, <u>including</u> higher rates of poverty, absent or inadequate health insurance coverage, and limited public transportation options. During this time, it is critical to consider strategies that maintain and expand effective behavioral healthcare services to these already-stressed populations.

Federal agencies and states have temporarily <u>expanded</u> access to telehealth services to increase access to care. One strategy that states and territories are leveraging to deliver behavioral health services and reduce health disparities during this pandemic is telebehavioral health, a <u>form</u> of telehealth that utilizes virtual communication technologies to provide mental health and substance use services. Recently, the Centers for Medicare and Medicaid Services (CMS) issued guidance <u>allowing</u> eligible providers from federally qualified health centers and rural health clinics to provide telehealth services and seek reimbursement. These entities <u>serve</u> predominantly low-income, uninsured/underinsured, homeless, rural, and racial/ethnic populations that could benefit from receiving care through telehealth.

In addition, the Drug Enforcement Agency is temporarily <u>allowing</u> the telephone to be used as a service for eligible providers to prescribe buprenorphine if certain conditions are met. Increasing access to telephonic services provides communities who lack access to internet and broadband connection with an additional way to receive treatment and consult with behavioral health providers. Furthermore, the home is <u>now</u> an eligible location to receive telebehavioral health services, which has reduced geographic barriers that many physically isolated populations face and has aided in eliminating stigma associated with in-person behavioral health clinic visits.

## **State and Federal Policy Actions**

Several state and federal actions have been implemented to increase equitable access to behavioral health services and address socioeconomical barriers to care that rural and vulnerable populations often experience.

Examples of state and federal actions to expand access to telebehavioral healthcare include:

- DEA <u>loosened</u> restrictions around prescribing medication-assisted treatment (MAT), allowing licensed providers to prescribe MAT through telehealth without requiring in-person clinical visits and waiving the requirement for video.
- CMS is temporarily <u>waiving</u> licensure requirements for providers to deliver telehealth services across states if certain conditions are met, increasing opportunities for providing care in rural areas and areas with provider shortages.

- The Federal Communications Commission is <u>launching</u> the Rural Digital Opportunity Fund to "bridge the digital divide" and provide high-speed broadband service to rural homes and businesses.
- Private insurers are <u>waiving</u> copays and out-of-pocket expenses for telehealth visits during the pandemic.
- <u>Maryland</u> expanded access to mental health services delivered through telehealth to include the home.
- Ohio is allowing patients to receive behavioral health services through telehealth without the need for an initial face-to-face visit, reducing the need for travel to in-person clinics.
- <u>Tennessee</u> is allowing telephone appointments for residents who don't have access to video technology.
- <u>Colorado</u> and <u>Washington state</u> are offering payment parity through Medicaid, Medicare, and other insurers for reimbursement of telebehavioral health services.
- <u>Illinois</u> and <u>Michigan</u> are offering free telehealth-based peer support services to crisis responders.
- To address burn out in healthcare workers, <u>Washington state</u> is offering a free telebehavioral health consultation service for counseling and care navigation.

#### Considerations

- <u>Develop</u> a comprehensive, equitable, and definitive telehealth reimbursement policy that removes copays for telebehavioral health services.
- Remove any requirement that providers obtain approval prior to using telehealth technologies or programs.
- Advocate for universal broadband access through equitable broadband infrastructure development.
- <u>Develop</u> a statewide telehealth network to provide behavioral health services via videoconference.
- <u>Promote</u> computer-based cognitive behavioral therapy as an intervention for substance use disorder relative to standard treatment approaches.
- <u>Consider</u> implementing the Telehealth EcoSystem™ Model, an integrative telehealth framework premised on the social determinants of health.
- <u>Promote</u> electronic screening and brief interventions to reduce self-reported alcohol misuse.

### **Key Resources**

- <u>Center for Connected Health Policy</u> provides resources on telehealth policy and offers a robust list of current federal and state actions relevant to COVID-19 and telehealth services.
- <u>Human Impact Partners</u> provides resources that help agencies advance policy changes that support disadvantaged communities and improve health equity.
- <u>ASTHOExperts: States Leverage Telehealth to Respond to COVID-19</u> This blog post covers how states have responded to the federal government's expanded telehealth benefits in Medicare and loosened previous restrictions to address COVID-19.
- <u>COVID-19 Intervention Actions: Providing Medication-Assisted Treatment for Opioid Use</u>
   <u>Disorder</u> This ASTHO*Brief* summarizes recent guidance for providing medication-assisted treatment for opioid use disorder during the COVID-19 outbreak.
- Indian Health Service's Medication Assisted Treatment Using Telemedicine: An Overview of
   Practical Considerations This guide describes a model for the treatment of opioid use disorder
   with FDA-approved medications, including buprenorphine and naltrexone.

- <u>The Telebehavioral Health Center of Excellence</u> at the Mid-Atlantic Telehealth Resource Center provides training, resources, and technical assistance on telebehavioral health services, policy, and more.
- SAMHSA offers a <u>Telebehavioral Health Training and Technical Assistance Series</u>, which helps safety net providers and rural health clinics understand and adopt telebehavioral health services.
- Redesigning Care: A How-to Guide for Hospitals and Health Systems Seeking to Implement,
   Strengthen and Sustain Telebehavioral Health The American Hospital Association and the
   National Quality Forum collaborated to produce this resource detailing actionable strategies and
   interventions for providing and improving access to behavioral health services via telehealth.
   The guide also links to a variety of related tools and resources.

For questions, feedback, or additional information, please email <a href="mailto:preparedness@astho.org">preparedness@astho.org</a>.