

Mental and Behavioral Health Connectivity Act (S. 3999)

U.S. Senator Angus King (I-Maine)

The coronavirus pandemic has created an unprecedented challenge in ensuring continued access to healthcare for patients. To keep Americans safe and healthy in their homes and ensure healthcare providers continue treating their patients, the CARES Act included several telehealth flexibilities. These included waiving Medicare's requirements for geographic and originating sites – allowing a patient to receive care in their home; expanding the categories of non-physician providers eligible to provide telehealth services; and allowing for audio-only telehealth services.

According to the Centers for Medicare and Medicaid (CMS), weekly telehealth visits increased from 12,000 a week before the coronavirus spread in March to more than 1 million a week across the country. CMS Administrator Verma acknowledged, “I can't imagine going back...People recognize the value of this, so it seems like it would not be a good thing to force our beneficiaries to go back to in-person visits.”

Nearly one in five adults in the U.S. live with a mental illness, which was equivalent to 46.6 million Americans in 2017, according to the National Institutes of Health (NIH). A [study](#) conducted before the pandemic on Medicare beneficiaries found that 4.2 percent of total Medicare spending went to mental health services and 8.5 percent went to additional medical spending associated with mental illness, for a total of 12.7 percent of total spending associated with mental health disorders.

Of particular concern is access to adequate mental and behavioral health services in rural areas with unreliable or non-existent internet service. A lack of internet access can make it almost impossible to use video-sharing to telehealth services, and without access to telephone-based, audio-only services, these patients could be without medical care all together.

The Mental and Behavioral Health Connectivity Act

This legislation extends the CARES Act telehealth flexibilities for mental and behavioral health care. It would ensure access to these services for Medicare beneficiaries beyond the duration of the COVID pandemic by:

- Waiving the geographic and originating site restrictions;
- Continuing eligibility of care for the expanded list of non-physician providers;
- Allowing payment for audio-only delivery of services.

This legislation is supported by mental and behavioral health provider and advocacy groups, including: American Counseling Association, American Psychiatric Association, American Psychological Association, Mental Health for America, National Association of Social Workers, National Association of State Mental Health Program Directors, and the National Suicide Prevention Foundation.