



Telementalhealth for Self-funded Plans in the Time of Coronavirus

COVID-19 has created a physical health crisis which is undermining most of what anchors us in feelings of safety and well-being. This means that it is also creating a mental health crisis which has acute aspects as we shelter in place, but also longer term implications for the ability of people to return to the normal routine of their lives as that becomes more possible. It's essential to workforce maintenance that businesses recognize and get ahead of this crisis by ensuring that their members have full access to telementalhealth services. Ensuring coverage will be essential to maintaining employees' well-being, and thus their capacity to work. The costs involved in extending this coverage should be minimal, when compared to the costs of lost productivity, poor attendance, new hires and re-training. Coverage of telementalhealth may mean adding these services to current policy plans, and/or removing the barriers of proprietary technology platforms, like MDLive or LiveHealthOnline, in order for employees to continue or to begin therapy during this period.

In our rapidly changing landscape, more and more state governors are taking executive action to ensure the availability of telehealth, including teletherapy, through state-regulated insurance plans. However, there are many insurance plans that aren't regulated at the state level. Such plans are often self-funded by large corporations or universities, and are regulated at the federal level. Thus, it's up to entities with self-funded plans to recognize the humanitarian and economic aspects of following this lead in regard to teletherapy; allowing employees to have the continuity of care is critical to ensuring that your employees are ready and able to do their

best work. This commitment to allowing tele-mentalhealth coverage, truly to match all other efforts, must extend well beyond the end of the acute stage of the virus, both because we can anticipate a much longer tail of recovery for many and because many people who can function well through a crisis experience an emotional collapse once the most acute dangers have passed.

Additionally, some plans have restrictions on the specific technology that can be used to conduct tele-therapy. CMS and HHS have announced that any available technology should be used to connect with patients, including Skype, phone, Facetime, etc. It's critical that employers follow suit, and waive previous requirements to use exclusive proprietary networks (MDLive, LiveHealthOnline) owned by the insurance companies. Now is not the time to interrupt doctor-patient relationships, or limit technology options, when so many options (many of them HIPAA-compliant) exist. Most of the proprietary platforms are not open to new therapists at this time, and they may cost as much as 40-50% of the insurance reimbursement rate simply for providing a video connection and billing, representing an unnecessary impediment to providing care.

Until companies allow fair coverage of tele-mentalhealth across the board, therapists and patients, who up until now have had no reason to distinguish between self-funded and fully funded plans, are left to determine coverage, wasting countless hours of their time, and only adding to their anxieties -- making workers less available to do their jobs. If tele-mentalhealth is not covered, therapists are left with impossible choices: either suspend therapy, abandoning patients at a time of utmost personal and social stress, or work unpaid, essentially risking their own financial security.

Here are some examples of how failure to cover tele-mentalhealth can affect some of your employees:

- Jack is a mid-level executive now working from home, as is his wife, who has similar responsibilities. They have two young children whose school and daycare is closed, and they must manage the considerable demands of their remote jobs with childcare and

home schooling. Jack had originally sought therapy because of the depression that emerged when he stopped drinking heavily. His AA support groups have been limited to online, which for him is further isolating. He struggles with concentrating on his job and fears sinking into his familiar pattern of fending off depressive feelings by drinking. Hearing that his therapy may be disrupted because his company doesn't provide telehealth has escalated feelings of panic, difficulty concentrating, and impulses to drink.

- Savannah, a 35 year old with two children who had begun to make efforts to leave her abusive husband of seven years. This movement in her personal life was but one reflection of a slowly developing trust of her therapist, which has allowed her access to feelings she had previously denied, both in regard to her husband and in regard to a childhood abuser, for whose action she had long taken responsibility. Now, she is quarantined at home with an increasingly violent and desperate man, struggling to work at home in the face of his demands, and is in danger of losing a needed intensity of contact with her therapist because tele-therapy conducted over the phone, the only way she can keep sessions private from her husband, aren't covered by her insurance policy.

We can't say strongly enough, these services during this time of crisis are crucial, both to the individuals using them and to your ability to maintain and recover as a business with a workforce able to ride out current pressures and resume normal roles when the time comes.

We ask that you:

- Follow CMS guidelines, paying for teletherapy services, provided on the full range of platforms they cover, at the same rate as in-person coverage
- Make clear announcements to your employees that tele-mentalhealth is covered
- Share your action in the media to influence the community of companies with self-funded plans to follow your lead

Your employees and your communities will thank you.