



November 15, 2021

The Honorable Ron Wyden  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Mike Crapo  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

The Joint Commission appreciates the opportunity to provide comments in response to the Senate Finance Committee's request for information (RFI) on proposals to ~~0071710110114 0983017(01)0001E~~ hospitalization, outpatient, school based, wildern

The Joint Commission offers the following com of interest, including workforce, care integration mechanisms to improve access to mental health

### **Strengthening Workforce**

### **General Comments**

Increasing the number of qualified individuals delivering behavioral and mental health services as well as sustaining





The Joint Commission supports language continuing the CCBHC program in such legislation as the Excellence in Mental Health and Addiction Treatment Act and the current draft of the budget reconciliation legislation. As Congress considers these bills, The Joint Commission urges the addition of language encouraging CCBHC accreditation by a recognized national accreditation body.

What policies could improve and ensure equitable access to and quality of care for minority

resources to states to enforce mental health payment parity. These bills should receive further consideration.

### **Expanding Telehealth**

How has the expanded scope of Medicare coverage of telehealth for behavioral health services during the pandemic impacted access to care?

The telehealth waivers and regulatory flexibilities initiated during the COVID-19 pandemic have increased delivery options for mental health and SUD services. Overall telehealth utilization levels remain significantly higher than before the COVID-19 pandemic despite some decrease from the levels experienced at the beginning of the pandemic. Tele-mental service utilization remains high and is increasing in terms of the overall share of telehealth services. Patients in need of mental health and SUD services have expressed support for receiving care virtually because they can be seen without facing the stigma associated with seeking in-person care. Also, practitioners have expressed support for mental health and SUD telehealth services because it allows them to assess patients' home environments, which can impact a patient's care and treatment. An early review of data during the pandemic demonstrates the benefits of telehealth – a reduction in the number of missed appointments; ongoing management of chronic conditions; and decreases in costly care such as emergency department visits.

Should Congress make permanent the COVID-19 flexibilities for providing telehealth services for behavioral health care (in addition to flexibilities already provided on a permanent basis in the SUPPORT for Patients and Communities Act and the Consolidated Appropriations Act, 2021)? If so, which services, specifically? What safeguards should be included for beneficiaries and taxpayers?

The Joint Commission supports extending many flexibilities offered during the COVID-19 pandemic, including the removal of the originating site restriction, and allowing patients to receive telehealth services in their home. Congress should consider legislation such as the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act that would permanently extend many of the telehealth regulatory flexibilities.

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The Joint Commission urges guardrails are put in place to ensure the quality and safety of the care delivered by telehealth. As outlined in the U.S. Government Accountability Office's study<sup>8</sup> released earlier this year, the quality of telehealth services provided to Medicare beneficiaries has not yet been fully analyzed, and evidence from the few existing studies is inconclusive. The Joint Commission supports additional study of which types of telehealth modalities are most appropriate for the types of clinical scenarios they are being used to address. Also, while considering quality-of-care criteria that should govern applications of telehealth, consideration should be paid to whether equity exists in access to appropriate telehealth modalities throughout the country.

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<sup>8</sup> U.S. Government Accountability Office. "Medicare and Medicaid: COVID-19 Program Flexibilities and Considerations for Their Continuation." Released May 19, 2021. (<https://www.gao.gov/products/gao-21-575t>).

