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**Written Testimony  
of the  
American Psychological Association**

**Submitted to the  
Subcommittee on Health of the  
House Committee on Energy & Commerce**

**HEARING: THE FUTURE OF TELEHEALTH:  
HOW COVID-19 IS CHANGING THE DELIVERY OF VIRTUAL CARE  
Tuesday, March 2, 2021 - 10:30 am**

The American Psychological Association (APA) is the leading scientific and professional organization representing psychology in the United States, with over 122,000 researchers, educators, clinicians, consultants, and students. APA's mission is to make a positive impact on critical societal issues through the application of psychological science and practice. APA applauds the Committee for examining the ways in which the COVID-19 pandemic affected patient access to an array of health care services furnished remotely via telehealth. Our testimony will highlight how this transformation in virtual service delivery prompted a broad expansion of access to mental and behavioral health services, and how this expansion benefited patients in a time when prompt access to these services was particularly needed.

**APA urges Congress to advance tele-behavioral health policies that provide equitable access for all individuals in need of treatment.** Such policies should:

- Permanently allow Medicare to continue reimbursement for routine mental and behavioral health treatment, including psychotherapy and Health Behavior Assessment and Intervention (HBAI) services, neurobehavioral status exams, and psychological and neuropsychological testing evaluation feedback sessions furnished through audio-only telephone after the COVID-19 public health emergency ends.
- Require all payers, including ERISA self-insured plans, to cover and reimburse for tele-behavioral health services, at parity with services furnished via face-to-face visits, and through multiple access modalities to ensure equitable access to essential care.
- Avoid imposing in-person service requirements that inequitably limit access to care.

**The need for mental and behavioral health services continues to surge because of the COVID-19 pandemic.** The pandemic continues to exacerbate existing behavioral health needs, as the public health and economic impact of the pandemic causes greater levels of stress, anxiety, depression, and trauma, the impacts from which our country will face long after the pandemic's end. According to APA's latest *Stress in America Survey*, 84% of U.S. adults reported feeling at least one emotion—such as anxiety, sadness, and anger—associated with prolonged stress within the previous two weeks, with the COVID-19 pandemic among the top sources of this stress.<sup>i</sup> Even in the early months of the pandemic, over 40% of Americans reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder, depressive disorder, stressor-related disorder, or substance use disorder, with significantly higher rates amongst Black and Latino communities.<sup>ii</sup> Today, most of our member-clinicians



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continue to see an increase in patient demand for treatment of anxiety (74%) and depressive disorders (60%) than before COVID-19.<sup>iii</sup>

**Telehealth access, including access to services furnished via audio-only transmissions, remains a critical tool to meet the increased need for mental and behavioral health services.** APA views access to behavioral health care through a four-level model of health care delivery: (1) in-person services; (2) traditional telehealth services provided at an originating site such as a clinic or health care facility; (3) telehealth service without originating site restrictions to allow for certain services to be delivered directly into a patient’s home; and (4) audio-only telehealth for a subset of services and/or particular populations. Audio-only telehealth is an option that clinicians should be able to recommend and patients should be able to choose based on their individual needs and preferences.

The evidence is clear that psychotherapy delivered by telehealth is at least as effective as in-person care.<sup>iv</sup> There is also clear evidence that the provision of mental health services over the telephone is equally as effective as face-to-face visits for patients with depression and anxiety. A review of 13 studies found reduced symptoms of anxiety and depression when therapy was conducted via telephone.<sup>v</sup> There is additional evidence that telephone therapy particularly benefits patients who have certain comorbid medical and psychological conditions, such as depression, HIV, and epilepsy.<sup>vi</sup>

Given the reported increases in adjustments related to the pandemic as well as a general increase in mental and behavioral health concerns, access to evidence-based services should be top priority. Audio-only therapy provides an efficient way to manage behavioral health concerns when symptoms are identified. When mental and behavioral health treatment is available early in the course of identified stressors, it can significantly improve quality of life and reduce further symptom severity, and ultimately reduce further behavioral health care costs.

The experiences of patients and clinicians alike illustrate the positive impact of access to audio-only telehealth. One patient, who lacks access to reliable Internet services and needed to stay home to care for a husband in recovery from recent surgeries, reports that “[Teletherapy] saved my life and saved my marriage. If I hadn’t had this opportunity to do the audio I don’t know where I’d be right now or if I’d even be here.” A rural mental health specialist who primarily provides services to farmers, their families, and agricultural industry personnel reports that many of her clients prefer phone conversations for their appointments due to the “flexibility and accessibility that they afford.” Another mental health clinician reported to us that audio-only telehealth “expanded the ability of many of the potential consumers of psychological services to access the help that they need,” as many of his patients “either don’t have the access to the technology that allows both audio and video connection...or they are not technologically sophisticated enough to really make that an easy or readily available means of accessing that service.”

Despite recent advancements in coverage, many practical challenges remain for accessible audio-video telehealth services. According to a September 2020 survey of APA’s membership, problems with “Internet access or connectivity” (69%) and “general technological difficulties with computer, webcam, etc.” (66%) were identified as the leading barriers or challenges experienced by patients.<sup>vii</sup> Access to audio-only telehealth is an especially critical tool to remedy long-standing disparities in access to mental and



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behavioral health services. Audio-only services remain a lifeline to mental and behavioral health services for many individuals, especially older adults, individuals with disabilities, people in rural and frontier areas, lower-income families, racial and ethnic minority communities, and other underserved populations who often lack sufficient broadband, do not have access to computers or smartphones, or are unable to utilize audio and video enabled communication devices due to disability or difficulties with digital literacy. Nearly 22 million older adults in the U.S. do not have broadband access in their homes, and those making less than \$25,000 in yearly income are 10 times less likely to have reliable internet access. Additionally, older black and Latino groups are between 2.6 and 3.4 times less likely to have reliable Internet access than their white counterparts.<sup>viii</sup>

APA thanks the Subcommittee for taking these recommendations into consideration. For more information, please contact Laurel Stine, J.D., M.A., Senior Director of Congressional & Federal Affairs and Partnerships ([lstine@apa.org](mailto:lstine@apa.org)) or Stephen R. Gillaspay, Ph.D., Senior Director, Health & Health Care Financing ([sgillaspay@apa.org](mailto:sgillaspay@apa.org)).

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<sup>i</sup> American Psychological Association (2021). Stress in America: January 2021 Stress Snapshot. <https://www.apa.org/news/press/releases/stress/2021/stress-snapshot-january.pdf>.

<sup>ii</sup> Czeisler, M.É., Lane R.I., Petrosky, E., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*. 69,1049–1057. DOI: [http://dx.doi.org/10.15585/mmwr.mm6932a1external icon](http://dx.doi.org/10.15585/mmwr.mm6932a1external%20icon).

<sup>iii</sup> American Psychological Association (2020, November). Patients with depression and anxiety surge as psychologists respond to the Coronavirus pandemic. <https://www.apa.org/news/press/releases/2020/11/telehealth-survey-summary.pdf>.

<sup>iv</sup> See, e.g., Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps, A. (2019). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological Services*, 16(4), 621–635. <https://doi.org/10.1037/ser0000239>

<sup>v</sup> Coughtrey, A. E., & Pistrang, N. (2018). The effectiveness of telephone-delivered psychological therapies for depression and anxiety: A systematic review. *Journal of Telemedicine and Telecare*, 24(2), 65–74. <https://doi.org/10.1177/1357633X16686547>

<sup>vi</sup> Heckman, T. G., Heckman, B. D., Anderson, T., Lovejoy, T. I., Markowitz, J. C., Shen, Y., & Sutton, M. (2017). Tele-interpersonal psychotherapy acutely reduces depressive symptoms in depressed HIV-infected rural persons: A randomized clinical trial. *Behavioral Medicine*, 43(4), 285–295. <https://doi.org/10.1080/08964289.2016.1160025>; Heckman, T. G., Markowitz, J. C., Heckman, B. D., Woldu, H., Anderson, T., Lovejoy, T. I., Shen, Y., Sutton, M., & Yarber, W. (2018). A randomized clinical trial showing persisting reductions in depressive symptoms in HIV-infected rural adults following brief telephone-administered interpersonal psychotherapy. *Annals of Behavioral Medicine*, 52(4), 299–308. <https://doi.org/10.1093/abm/kax015>; Thompson, N. J., Patel, A. H., Selwa, L. M., Stoll, S. C., Begley, C. E., Johnson, E. K., & Fraser, R. T. (2015). Expanding the efficacy of Project UPLIFT: Distance delivery of mindfulness-based depression prevention to people with epilepsy. *Journal of Consulting and Clinical Psychology*, 83(2), 304–313. <https://doi.org/10.1037/a0038404>.

<sup>vii</sup> American Psychological Association (2020, December). Internet access, technical difficulties, and lack of privacy are top barriers to telehealth. <https://www.apa.org/workforce/publications/telehealth-barriers-coronavirus.pdf>.

<sup>viii</sup> Older Adults Technology Services (2020). Aging connected: Exposing the hidden connectivity crisis for older adults. [https://agingconnected.org/wp-content/uploads/2021/02/Aging-Connected\\_Exposing-the-Hidden-Connectivity-Crisis-for-Older-Adults.pdf](https://agingconnected.org/wp-content/uploads/2021/02/Aging-Connected_Exposing-the-Hidden-Connectivity-Crisis-for-Older-Adults.pdf).