May 4, 2020

The Honorable James Inhofe
Chairman
Senate Armed Services Committee
United States Senate
Washington, DC 20515

The Honorable Jack Reed
Ranking Member
Senate Armed Services Committee
United States Senate
Washington, DC 20515

The Honorable Adam Smith
Chairman
House Armed Services Committee
United States House of Representatives
Washington, DC 20515

The Honorable Mac Thornberry
Ranking Member
House Armed Services Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Inhofe, Ranking Member Reed, Chairman Smith, and Ranking Member Thornberry,

On behalf of the undersigned organizations, thank you for your leadership throughout the COVID-19 pandemic to ensure our armed services are equipped with the resources they need to prevent, prepare for, and respond to COVID-19. Along this same vein, we urge you implement measures in the 4th COVID-19 legislative package requiring the Department of Defense’s Defense Health Agency (DHA) to temporarily loosen telehealth restrictions under TRICARE, including coverage of outpatient telemental health services, such as partial hospitalization programs (PHPs), and ensure payment parity for telehealth visits.

The Centers for Disease Control and Prevention (CDC) recommends the increased use of telehealth services in response to the COVID-19 pandemic as an alternative to face-to-face interactions in order to limit the transmission of the virus, protect the health of patients and healthcare professionals, and reduce the hospital admission surge.1 In the recent “Guidance for Outpatient and Ambulatory Care Settings”, the CDC suggests the use of telemedicine to triage, assess, and care for patients for the purpose of preserving staff, personal protective equipment (PPE), and patient care supplies.2

The Centers for Medicare & Medicaid Services (CMS) has already taken steps to expand the availability of telehealth services during this pandemic. Typically, Medicare only permits telehealth on a limited basis, particularly when the person receiving care lived in a designated rural area or accessed telehealth services at a clinic, hospital, or other approved medical facility. Recent guidance from CMS substantially loosened restrictions surrounding telehealth services through section 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations (CARES) Act, permitting Medicare to cover telehealth office, hospital, and other healthcare visits, including mental health counseling.3

Additionally, studies of past pandemics show that children and adolescents experience high levels of stress and anxiety as a result of mitigation strategies designed to address public health crises.4 This is especially relevant for children of servicemembers, who are already more susceptible to mental health challenges, with one study on secondary school students from military families reporting that 30 percent of participants reported feeling sad or hopeless almost every day for two weeks during the past 12 months and nearly one in four reported having...

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considered suicide.\(^5\) Seeing as suicide is the second leading cause of death for youth ages 10-24\(^6\), action is needed to ensure this particularly vulnerable segment of the population is able to access telemental health services.

We urge you to include provisions in the 4\(^{th}\) COVID-19 legislative package, similar to those enacted by CMS, requiring DHA to loosen telehealth restrictions under TRICARE for all levels of care, while ensuring payment parity for telehealth services. Servicemembers and their families deserve access to the safest care at minimum to the same level as the civilian population, and right now that means access to telehealth services.

Sincerely,

2020 Mom

Global Alliance for Behavioral Health and Social Justice

American Association for Geriatric Psychiatry

International OCD Foundation

American Association for Marriage and Family Therapy

(The) Jewish Federation of North America

American Association for Psychoanalysis in Clinical Social Work

(The) Kennedy Forum

American Association of Suicidology

Mental Health America

American Association on Health and Disability

NAADAC, the Association for Addiction Professionals

American Counseling Association

National Association of County Behavioral Health and Developmental Disability Directors

American Dance Therapy Association

National Alliance on Mental Illness

American Foundation for Suicide Prevention

National Alliance to Advance Adolescent Health

American Psychological Association

National Association for Rural Mental Health

American Mental Health Counselors Association

National Association of Social Workers

Association for Ambulatory Behavioral Healthcare

National Eating Disorders Association

Centerstone

National Federation of Families for Children’s Mental Health (NFFCMH)

Children and Adults with Attention-Deficit/Hyperactivity Disorder

National League for Nursing

Children’s Hospital Association

Postpartum Support International

Clinical Social Work Association

Residential Eating Disorders Consortium


College of Psychiatric and Neurologic Pharmacists
Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Sandy Hook Promise
SMART Recovery
The Trevor Project
Treatment Communities of America