

Behavioral Health and COVID-19

POLICY SNAPSHOT

Before the first reported cases of the coronavirus disease (COVID-19) in the United States, the country was already enveloped in several major behavioral health crises. Between 1999 and 2018, roughly 700,000 Americans died of a drug overdose. The majority of these deaths, [around 450,000](#), were caused by opioid misuse. In the same time period, [more than 700,000](#) Americans also died by suicide and rates of suicide deaths have increased by more than 30% in half of all states.

As state and local governments have responded to the COVID-19 pandemic, measures meant to mitigate the spread of the virus, like social distancing and stay-at-home orders, could be [contributing to adverse mental and behavioral health experiences](#). Research has shown that [economic disruptions](#), like a loss of a job or reduced income, have also increased the prevalence of adverse behavioral health experiences. In a study cited by the [Centers for Disease Control and Prevention \(CDC\)](#), 41% of adults reported at least one adverse behavioral health condition as a result of stressors brought on by the COVID-19 pandemic. The behavioral health effects of the pandemic also exacerbated health disparities with Black and Latino respondents, as well as women, who were significantly more likely to report [mental health concerns](#). In survey data, Black and Lati-

no respondents were also significantly more likely to report at least one [economic hardship](#) in the wake of the pandemic.

This policy snapshot includes state policy options for legislators to improve access to behavioral health treatment, as well as relevant state examples, federal action and additional resources.

State Policy Options

State legislatures may consider the following policy options to improve access to behavioral health treatment and leverage federal financial resources to improve behavioral health outcomes during the COVID-19 pandemic:

- Support telehealth services for behavioral health.
 - Expand telehealth services for behavioral health.
 - Use teleprescribing services for medication-assisted treatment.
- Allocate CARES Act funds to support behavioral health.
- Continue supporting access to naloxone.
 - Ensure funding for naloxone distribution programs.



| POLICY OPTIONS | STATE EXAMPLES |
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| <p>Support telehealth services for behavioral health. COVID-19 is renewing states’ interest in telehealth services and increased flexibility from federal regulators has provided greater opportunities for states to expand their telehealth services.</p> | |
| <p>Expand telehealth services for behavioral health. Changes in federal regulations have made it easier for behavioral health providers to offer services through telehealth. States can adopt these changes and other policy options, like expanding the kinds of providers that can participate in telehealth or requiring insurance providers and other payers to cover telehealth services, to improve access to telehealth services.</p> | <p>Louisiana’s HB 449 expands the types of health providers who can perform telepsychiatric evaluations to include psychiatric mental health nurses as long as certain requirements, including that such an examination takes place over videoconferencing technology, are met.</p> <p>Maryland’s SB 402 allows for certain telehealth transactions to take place asynchronously, or over mediums that do not necessarily support “real time” transactions of information, such as self-reported medical conditions.</p> <p>New Jersey’s AB 3843 required the state’s Department of Banking and Insurance to issue a bulletin mandating that telemedicine services should be treated the same as in-person visits and paid at the same rate as in-person services.</p> |
| <p>Use teleprescribing services for medication-assisted treatment (MAT). The Drug Enforcement Administration has updated its guidance for the duration of the public health emergency to allow remote prescribing of MAT for substance use disorders without an initial in-person office visit or without recurring in-person office visits to authorize refills.</p> | <p>Minnesota’s HB 105 extends certain waivers issued in the emergency declaration by the governor through June of 2021. These waivers include allowing initial evaluations and prescriptions to be completed through a telehealth visit and increasing the number of take-home doses of MAT medications a provider can prescribe.</p> <p>Vermont’s HB 742 authorized certain health professionals to renew a patient’s existing buprenorphine prescription without requiring an office visit.</p> |
| <p>Allocate CARES Act funds to support behavioral health. Congress provided funding to states to address behavioral health priorities through the Coronavirus Aid, Relief and Economic Security (CARES) Act.</p> | |
| <p>Use CARES Act funds to support state behavioral health priorities. States can direct federally appropriated funding to enhance behavioral health services and support other behavioral health priorities.</p> | <p>Minnesota’s House File 4490 appropriated funds from the CARES Act to enhance rural mental health services and outreach—including suicide prevention training, mental health awareness training for farm and rural adolescents, and creating mental health forums—in response to the COVID-19 crisis.</p> <p>Colorado’s HB 1411 allocates CARES Act funding toward unanticipated expenses incurred as a result of COVID-19 for substance use disorder treatment providers, community mental health centers and other behavioral health care organizations in the state.</p> |
| <p>Continue supporting access to naloxone. Individuals experiencing an opioid use disorder may be at increased risk of overdose during the COVID-19 pandemic. Naloxone is a highly effective drug that reverses the effects of an opioid overdose. At present, all 50 states have enacted laws or created standing orders allowing individuals at risk of overdose to access naloxone without a prescription. Many states have required first responders to carry naloxone while on duty.</p> | |
| <p>Ensure adequate funding for naloxone distribution programs. Several states have renewed or increased their financial commitment to these programs during the pandemic.</p> | <p>New Hampshire’s HB 1639 creates an opioid abatement trust fund, allowing the fund to reimburse the state and any political subdivision within the state for any portion of the cost of administering naloxone.</p> <p>Pennsylvania’s HB 2387 provides \$947,000 for the state’s naloxone reentry tracking program for high risk individuals.</p> <p>Virginia’s HB 29 appropriates \$1,600,000 to purchase and distribute naloxone kits to treat emergency cases of opioid overdose or suspected opioid overdose.</p> |

Federal Action

Congress has taken steps to support federal agencies with behavioral health funding through a variety of financial support. The [CARES Act](#) included \$425 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health and substance use disorders as a result of the COVID-19 pandemic. As part of that funding, certified community behavioral health clinics received \$250 million to respond to the increased need for services related to depression, anxiety, substance misuse or other conditions.

SAMHSA also received \$50 million for suicide prevention efforts and \$100 million in flexible funding to address mental health and substance use disorders and provide resources to youth and people experiencing homelessness during this time.

On March 17, 2020, the [Centers for Medicare & Medicaid Services \(CMS\)](#) announced expanded waivers for telehealth, allowing providers to engage in telehealth on a wider array of platforms for the duration of the pandemic. Previously, telehealth providers had to meet strict security standards and engage with patients over a platform that allowed both audio and visual communication. Under an emergency declaration, the Department of Health and Human Services and CMS have indicated that they will waive [HIPAA](#) penalties for using non-HIPAA compliant videoconferencing software and expanded the kinds of platforms telehealth providers can use to provide care through Medicare and Medicaid.

Additional Resources

- [Sustaining Behavioral Health Services Through the Pandemic \(NCSL\)](#)
- [Substance Use Disorder Treatment Database \(NCSL\)](#)
- [Telehealth: Delivering Care Safely During COVID-19 \(Department of Health and Human Services\)](#)
- [Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic \(CDC\)](#)
- [State Action on Coronavirus \(NCSL\)](#)
- [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic \(CDC\)](#)

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