November 1, 2021

To Members of the United States Senate Committee on Finance:

Brightline is the first virtual behavioral health solution built specifically to care for kids and their families. As an organization dedicated to improving the behavioral health of children and adolescents, we thank you for the important investments you have made to support families across the country amid the COVID-19 pandemic. Too many kids struggle with unmet behavioral health needs, and the pandemic has only exacerbated these challenges. Solving the urgent behavioral health crisis among children and adolescents will require dedicated funding and support tailored to their unique needs. Congress must act now to improve access to high-quality, affordable pediatric behavioral health care.

We are grateful for the opportunity to share our perspective on factors contributing to gaps in care, as well as data-driven policy proposals designed to improve access to behavioral health care services for individuals enrolled in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) marketplaces.

While the national state of children's behavioral health is alarming, this moment of crisis is also an opportunity to take long overdue steps to strengthen pediatric behavioral health infrastructure, reduce barriers to quality care, and ultimately better meet the needs of kids and their families. We stand ready to work with you to address these challenges and create a future where all children can receive the behavioral health care they need.

Respectfully,

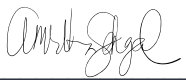
Naomi Allen
Chief Executive Officer, Brightline

David Grodberg, M.D.
Chief Psychiatric Officer, Brightline

Peter Antall, M.D.
Chief Medical Officer, Brightline

Gary Alpert
Chief Strategy Officer, Brightline

Renee Schneider, PhD
Head of Therapy, Brightline



Amrita Sehgal
Senior Director, Brightline

Brightline Responses to Questions Posed by U.S. Senate Committee of Finance

- **What policies would encourage greater behavioral health care provider participation in these federal programs*?***

  Encouraging provider participation in behavioral health care across federal programs will require a multifaceted policy approach, including:

  - Increasing reimbursement rates and developing CPT codes for paraprofessionals (e.g. behavioral health coaches, counselors, behavior analysts, behavior technicians)
  - Reducing the administrative burden on providers participating in federal programs (e.g. creating a national licensing system, standardizing reporting requirements, etc.)
  - Greater regulatory flexibility to provide care through new delivery models (e.g. telehealth, asynchronous chat, telephonic support)
  - Providing coverage for non-face-to-face client-related work (e.g. care management, collaborating with other treatment team members, report-writing)
  - Federally-subsidized training programs for child psychiatrists and therapists

- **What barriers, particularly with respect to the physician and non-physician workforce, prevent patients from accessing needed behavioral health care services?**

  Both patients and providers face a broken system today, with challenges across access, affordability, quality, and stigma.

  - **Access**: 70% of U.S. counties don't have a single child psychiatrist, resulting in months-long wait lists for families[1]. There is a fundamental supply and demand imbalance, in that the number of patients needing behavioral health services far exceeds the supply of licensed professionals.
  - **Affordability**: families today are 10 times more likely to go out-of-network for pediatric behavioral health care than primary care[2]. As a result, the vast majority of kids don't receive the necessary early interventions that would most benefit them. For providers, significant training and education costs often serve as a disincentive to enter the workforce.
  - **Quality**: few clinicians use evidence-based methods, and less than 20% of

[1] RAND Corporation, 2019
[2] Milliman Research, 2019

therapists track progress towards measurable outcomes for therapy[3]. This often means families receive substandard care. Additionally, there has been a lack of innovation in behavioral health care — the field has not developed new interventions that could be more efficacious than existing treatments or yield faster results.
    - **Stigma**: many families delay care due to negative and discriminatory attitudes toward behavioral health support.

- **What policies would most effectively increase diversity in the behavioral health care workforce?**

  To increase diversity in the behavioral health workforce, we need to improve and subsidize training opportunities for underrepresented communities. This includes federally-funded internships, post-doctoral fellowships and more robust loan repayment programs. We also need to invest in training the existing workforce on how to recruit and retain diverse candidates.

- **What federal policies would best incentivize behavioral health care providers to train and practice in rural and other underserved areas?**

  Higher reimbursement rates and loan repayment programs would best incentivize providers to train and practice in underserved areas. Additionally, developing National Institutes of Health (NIH) programs and subsidizing specialized training in rural areas — similar to existing opportunities available to primary care physicians (PCPs) — would attract more clinicians to rural areas.

- **Are there payment or other system deficiencies that contribute to a lack of access to care coordination or communication between behavioral health professionals and other providers in the healthcare system?**

  There is a clear lack of financial incentives to coordinate care between primary care providers and behavioral health clinicians. The fragmented nature of the behavioral health system — including limited interoperability and progress tracking in behavioral health — makes care coordination even more challenging.

- **Should federal licensing and scope of practice requirements be modified to reduce barriers for behavioral health care workers seeking to participate in federal health**

[3] JAMA Psychiatry, 2020

care programs? If so, how?

Yes. We must start with a comprehensive review of interstate licensing capabilities and create an incentive for states to all participate in licensure reciprocity or compact, which would increase access to care in states with a shortage of clinicians. Currently, varying state-by-state licensing requirements make it difficult for behavioral health care workers to provide care across states, which deprives families in rural areas of much-needed care.

- **What public policies would most effectively reduce burnout among behavioral health practitioners*?***

  Reducing burnout among behavioral health practitioners starts by increasing reimbursement rates and compensating clinicians for client-related work that is not face-to-face with the patient (e.g. collaborating with other treatment team members, report-writing). Additionally, increasing reimbursement for technology-based approaches to extend care between treatment sessions (e.g. evidence-based self-guided content in the form of exercises or homework) would reduce the stress and burden on providers.

Increasing Integration, Coordination, and Access to Care

- **What are the best practices for integrating behavioral health with primary care? What federal payment policies would best support care integration*?***

  We need to provide financial support and subsidize collaborative care programs through grants or increased reimbursement. Policymakers can create reimbursement mechanisms for collaborative and coordinated care and provide education around this to drive adoption.

  Additionally, it's important to recognize that all primary care and behavioral health providers have different needs and levels of enthusiasm for this — integration on a national scale will require an adaptive and modular approach.

- **What programs, policies, data, or technology are needed to improve access to care across the continuum of behavioral health services?**

  Parity in reimbursement between medical and behavioral health is important to improve access to care.

  Additionally, increased access to broadband and connected devices (e.g. cell phones,

laptops) can help improve access and utilization of behavioral health services. For underserved communities, reimbursing for data usage can also reduce barriers to care.

- **What programs, policies, data, or technology are needed to improve patient transitions between levels of care and providers?**

  To improve patient transitions between levels of care and providers, we need to:

  - Incentivize interoperability among providers
  - Develop stronger requirements for network adequacy in federal programs, even if it requires increasing reimbursement
  - Develop stronger requirements for follow-up resources and connecting patients to ongoing maintenance care once they are discharged from inpatient facilities

- **What policies could improve and ensure equitable access to and quality of care for minority populations and geographically underserved communities?**

  To ensure equitable access to quality care for underserved communities, we need to:

  - Create a national licensing system for behavioral health professionals
  - Increase reimbursement rates for providers taking insurance
  - Reinforce and incentivize use of telehealth to support communities who lack pediatric-trained clinicians
  - Provide proactive coaching and behavioral health support services to foster families and child protective agencies

- **How can providers and health plans help connect people to key non-clinical services and supports that maintain or enhance behavioral health?**

  Health plans generally only cover medically necessary services, which means a diagnosis is necessary for reimbursement. If health plans could provide support for clients and families without a diagnosis, we could reach a broader audience and address problems before they reach a crisis point.

Ensuring Parity

- **How can Congress improve oversight and enforcement of mental health parity laws that apply to private plans offering coverage under the federal health programs?**

Congress should focus on ensuring network adequacy, improving access to care and HEDIS measure results. Additionally frequent auditing, financial penalties for non-compliance and annual reviews of rate cards can help ensure enforcement of mental health parity laws.

- **How can we better understand and collect data on shortfalls in compliance with parity law? How can Congress ensure that plans comply with the standard set by *Wit* v. *United Behavioral Health?* Are there other payer practices that restrict access to care, and how can Congress address them?**

  Most payers do not recognize or reimburse for behavioral health services from paraprofessionals, like behavioral health coaches. Given the severe shortage of licensed clinicians, Congress should work with health plans to create a reimbursement model for these groups. Additionally, many payers require providers to reside in the state in which they're providing care to members. This restriction needlessly limits access. Finally, it's important to note that payers' ability to comply with parity laws is limited by availability of services — we must solve fundamental access issues in order to ensure compliance.

- **Are there structural barriers, such as the size of the provider network, travel time to a provider, and time to an appointment, that impede access to the behavioral health care system*?***

  Yes. Most health plans have limited provider networks, leading to long wait lists. Often, care delivered by telehealth is not reimbursed, or reimbursed with restrictions, which serves to limit access and lessens convenience for families. Additionally, many payers require providers to reside in the state in which they're providing care to members. This restriction needlessly limits access.

- **To what extent do payment rates or other payment practices (e.g. timeliness of claims payment to providers) contribute to challenges in mental health care parity in practice?**

  As mentioned above, there can be no true parity if there is no access. Timeliness of claims, massive amounts of unnecessary paperwork, and low reimbursement rates keep many providers from participating in health plan networks. Until these providers and paraprofessionals can be brought into the system, there will be no parity, as there will continue to be an access problem.

- **How could Congress improve mental health parity in Medicaid and Medicare? How would extending mental health parity principles to traditional Medicare and Medicaid fee-for-service programs impact access to care and patient health?**

  Congress can improve mental health parity by improving reimbursement models, including higher rates for behavioral health services and reimbursement for paraprofessionals (e.g. coaches and counselors). These programs should also be investigating newer, less costly models like automated cognitive behavioral therapy (CBT) CBT or chat therapy. Additionally, Congress should explore subsidizing training programs for providers working with underserved communities or allocating funding for NIH grants for practicing in underserved areas.

Expanding Telehealth

- **How do the quality and cost-effectiveness of telehealth for behavioral health care services compare to in-person care, including with respect to care continuity?**

  Research demonstrates that telehealth for behavioral health care services is just as effective as in-person care for many diagnoses, and parents and children are generally satisfied with virtual care.
  - 62% of consumers would consider a virtual behavioral health visit with their regular psychologist and 44% would consider a virtual visit with a psychologist they have not seen before[4]
  - 85% of parents who have used telehealth since the start of the pandemic say that their child has benefitted from these services[5]
  - Nearly nine in ten (87%) parents would recommend using telehealth services for children with mental health or learning challenges.[6]

- **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*?***

[4] Advisory Board, 2021
[5] Child Mind Institute, 2021
[6] Child Mind Institute, 2021

Yes. Congress should make permanent the COVID-19 flexibilities for providing telehealth services for behavioral health care. We recommend waiving the geographic and site restrictions for Medicare and telehealth reimbursement. This would influence private payers and Medicaid agencies to do the same. Congress should modernize the Ryan Haight Act to allow for high quality comprehensive evaluations for children with conditions like ADHD (and treatment with controlled substances, when appropriate) all to occur through telehealth. Additionally, Congress should provide a framework for national licensure for clinicians.

Finally, Congress should ensure greater accountability for clinical outcomes. There is very little effort today to assess behavioral health outcomes and the use of evidence-based treatment approaches. More focus in this area would pressure providers to use shorter-term, validated approaches to care and would improve access and outcomes.

- **What legislative strategies could be used to ensure that care provided via telehealth is high quality and cost-effective?**

  Congress can create annual reporting requirements around costs and clinical outcomes (either within HEDIS and STAR measures or separately), similar to how skilled nursing facilities (SNFs) have to report their cost structure and results.

- **What barriers exist to accessing telehealth services, especially with respect to availability and use of technology required to provide or receive such services?**

  Barriers to accessing telehealth services include limited broadband access in rural areas, lack of smartphones and connected devices in underserved populations, and concerns around cellular/data plans for low income populations.

Improving Access for Children and Young People

- **How should shortages of providers specializing in children's behavioral health care be addressed?**

  To address the severe shortage of pediatric-trained clinicians, we need to start reimbursing paraprofessionals (e.g. behavioral health coaches, counselors, behavior analysts, behavior technicians). Congress should also provide federal funding and grants for people who get education and training in working with children or teens, including loan repayment programs for working with youth.

- **How can peer support specialists, community health workers, and non-clinical professionals and paraprofessionals play a role in improving children's behavioral health?**

  Research shows that focusing on a child's environment is the best way to intervene and treat mental health illnesses. That often means engaging parents and caregivers as well as extended family members, school teachers, counselors, pediatricians and other non-clinical professionals in the treatment process. This ensures continuity of care and support between sessions, bridging the gap before children get into care. It's important to note that better care coordination and integration needs to happen hand-in-hand with greater accountability (e.g. tracking clinical outcomes and ensuring evidence based practices).

- **Are there different considerations for care integration for children's health needs compared to adults' health needs?**

  Yes. Children are not small adults and require a specialized, purpose-built model for pediatric behavioral health care. That means use of pediatric-specific professionals, increasing training of these professionals, and improving access to this type of care. There also needs to be more emphasis on integrating with pediatricians and family physicians and incentivizing collaborative care and integrated care models.

- **How can federal programs support access to behavioral health care for vulnerable youth populations, such as individuals involved in the child welfare system and the juvenile justice system?**

  Behavioral health care in the foster system is often fragmented and reactive. There are documented increases in rates of polypharmacy and lack of quality care for disruptive behaviors, the most common problem among foster children. We need to provide evidence-based care for this population and we need to support families before there is a need for Child Protective Services (CPS) to intervene. That means improving access to care, and federal funding for evidence-based interventions and longitudinal studies to see how these interventions support youth — including how that translates into lower behavioral health problems into adulthood.

- **What key factors should be considered with respect to implementing and expanding telehealth services for the pediatric population?**

Congress should prioritize implementing a strong and predictable reimbursement model for telehealth. For providers, uncertainty of reimbursement or decreased reimbursement is a disincentive to the use of telehealth as a tool. Additionally, it may make sense to implement laws or regulations specific to treating pediatric clients via telehealth (e.g., parents must be available in person or by phone, children with high-risk behaviors such as suicidality must be treated in person, etc).

About Brightline

Founded in 2019, Brightline is the first comprehensive, virtual-first behavioral health solution built specifically to care for children, teens, and their families across a range of common challenges. With multidisciplinary care teams, a family-focused approach, evidence-based care delivery and measurement-based systems, and innovative technology, Brightline is able to support families with whatever challenges they're facing and help them thrive long-term. Learn more at hellobrightline.com