



One Medical
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Suite 1900
San Francisco, California 94111

November 2, 2021

Chairman Ron Wyden
Ranking Member Mike Crapo
United States Senate
Committee on Finance
Washington, DC 20510

Re: Request for Information from the Behavioral Health Care Community

Dear Chairman Wyden and Ranking Member Crapo:

One Medical welcomes the opportunity to respond to your bipartisan request for information related to mental and behavioral health care. As one of the country's largest primary care practice networks, we offer a patient-centric, value-based approach that combines same day and next day access to in-office care with seamless virtual and telemedicine services to encourage patients to get the care they need, when and where they want it. Our unique, integrated care model helped us rise to the challenges of COVID-19 testing and care, and it continues to be instrumental in enabling the mental and behavioral health care services we offer our patients. We believe there are several policy changes the federal government should make that will have direct, positive impacts on patients and providers.

As a national primary care practice with over 125 brick-and-mortar doctors' offices across 15 states, One Medical offers patients around-the-clock access to care. This includes in-person care, audio and video telemedicine visits, in-application prescription renewals and appointment scheduling, and interactive messaging with our providers. We are *not* a "concierge" cash-only provider nor is our model the same as most direct primary care (DPC) practices. We are in-network with almost all commercial health insurance plans and we provide care to over 40,000 Medicare and Medicare Advantage beneficiaries. Our staff is a dedicated group of One Medical-employed, salaried clinicians, entirely relieved from fee-for-service incentives, and includes dozens of mental/behavioral health therapists providing care virtually and on-site in 41 states.

Moreover, we partner with over 8,000 employers who offer One Medical membership as an employee benefit and who recognize the value of primary care access and the grounding of care in a medical home environment. In addition to offering routine and preventative primary care, we also provide a wide range of mental and behavioral care. We've found that our technology-enabled care model is especially valuable to these vulnerable, often underserved populations.

We've seen significant growth in our mental and behavioral health care offerings across the last 18 months. This is in large part because of care needs related to the COVID-19 pandemic and our ability to accommodate these patients through our flexible, technology-enabled care model.

Since May of 2020, we've conducted nearly 14,000 mental/behavioral health patient consultations with 81% of these visits conducted virtually and/or via our telehealth platform. Of note, our mental/behavioral health appointment "no-show" (cancellation) rate across the last 18 months dropped to only 3.2%. This is compared to a national, pre-pandemic in-office no-show rate of almost 30%¹. These results are attributable to our flexible technology, and a range of state and federal flexibilities related to cross-state provider licensure as well as the use of virtual and telemedicine technology,

These statistics clearly highlight the value and importance of virtual health and telemedicine when it comes to providing mental and behavioral patients with access to the care they need. The ability to provide telehealth visits is a critical component to comprehensive mental health care. We know that, especially when it comes to mental and behavioral health, patients need access to care providers quickly, regularly, and often with the flexibility of being able to visit with their regular, trusted health provider no matter where they are physically. As the U.S. Department of Health and Human Services has found, this is especially true for often underserved rural and veteran populations².

As alluded to above, technology is only useful if it can be accessed by patients regardless of state borders. **While many states eased cross-state licensure requirements during the peak of the pandemic, many are now reverting to pre-pandemic restrictions. This is creating a dangerous patchwork that is shutting off care to thousands of patients who live in states other than where their providers are physically located.** As the Commonwealth Fund and others have exhaustively researched and affirmed, extending state-border agnostic licensure flexibilities post-pandemic is necessary if we're to maintain effective, flexible, patient-directed mental and behavioral health care access³.

While these realities point to successes in evolving patient care during the pandemic, they also highlight the need for more durable and thoughtful policy action. One Medical recommends the following policies, many of which are aligned with recent recommendations from the Bipartisan Policy Center⁴:

1. Permanently expand Covid-19-related telehealth flexibilities and promote the use of telehealth and other technologies to support mental and behavioral health care

- While policymakers have eased some telehealth requirements during the pandemic, most changes are temporary
- The federal government should extend/make permanent employer and health plan flexibility to allow all telehealth services to be offered free or discounted to individuals with HSA-eligible High-Deductible Health Plans (HSA-HDHPs)

¹ Drerup B, Espenschied J, Wiedemer J, Hamilton L. Reduced No-Show Rates and Sustained Patient Satisfaction of Telehealth During the COVID-19 Pandemic. *Telemed J E Health*. 2021 Mar 4. doi: 10.1089/tmj.2021.0002. Epub ahead of print. PMID: 33661708.

² <https://aspe.hhs.gov/reports/using-telehealth-identify-manage-mental-health-substance-use-disorder-conditions-rural-areas-0>

³ <https://www.commonwealthfund.org/blog/2020/how-states-can-meet-mental-health-needs-during-pandemic-and-beyond>

⁴ https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC_Behavioral-Health-Integration-report_R01.pdf

- The federal government should offer financial incentives for behavioral health clinicians to adopt electronic health records (EHRs) and remove barriers (e.g. outmoded privacy regulations) that limit information exchange between providers
- CMS should permanently expand Medicare coverage of telehealth services, with a focus on those services that advance integration and eliminate access disparities

2. Work to remove state-border licensure barriers that prevent patients from accessing mental and behavioral care

- Policymakers should take steps that would enable behavioral health care providers located in other states to deliver care to residents via telehealth or virtual platforms
- While attempts have been made to enable licensure portability and reciprocity (e.g. IMLC, PSYPACT), these efforts have fallen short and fail to offer true, nationwide licensure reciprocity or portability
- The federal government should lead the development of creative solutions in this area, such as special-purpose, nationally-recognized telehealth licenses for mental/behavioral health providers and/or the creation of CMS financial incentives/penalties that will drive the adoption of more effective regional/national licensure compacts

We share your belief that every American must be able to access high-quality mental and behavioral health care when and where they need it and hope to serve as a resource as you develop policy solutions that make a meaningful difference in support of these goals. Please let us know if there is any additional information we can provide. We stand ready to help.

Sincerely,

A handwritten signature in black ink, appearing to read 'AD', with a stylized flourish at the end.

Andrew Diamond, M.D., PhD
Chief Medical Officer, One Medical