Dear Chairman Alexander and Ranking Member Murray,

The undersigned organizations urge the Senate Committee on Health, Education, Labor, and Pensions to consider the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act (H.R. 8283/S.4421), which would increase access to health care during the national public health emergency by allowing health care practitioners with a valid practitioners’ license to provide services, including telehealth services, in all states for the duration of the public health emergency.

The health care system has been stretched thin during the COVID-19 pandemic, worsening pre-existing provider shortages. The United States needs a strong health care workforce to effectively combat COVID-19 and its accompanying conditions.1 Furthermore, this increased shortage worsens a prior problem in the mental health and substance use disorder field, as over 75% of U.S. counties have severe shortages of mental health providers, which is particularly acute among rural and disadvantaged communities.2

According to a Kaiser Family Foundation Tracking Poll conducted in mid-July, 53% of adults in the U.S. reported that their mental health had been negatively impacted by worry and stress over COVID-19. Only 32% of U.S. adults reported the same in March. Many adults are also reporting specific negative impacts on their overall mental health and well-being due to worry and stress over the coronavirus, including difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic mental health conditions (12%).3 In addition, the report stated that ongoing and necessary public health measures expose many people to situations linked to poor mental health outcomes, such as isolation and job loss.4 Last, one-third of all telehealth claims made in June were mental health claims.5

The TREAT Act aims to increase access to important health services during this time by temporarily permitting health professionals to practice across state lines. The bill states that a

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4 Ibid
provider who holds a valid license in any state (and is not barred in another state) can practice in accordance with applicable state law in every state during the national public health emergency, as well as for a 180-day transition period after the declaration is lifted. Additionally, the Secretary could use this authority upon declaring a public health emergency when the president also has declared an emergency under the National Emergencies Act or the Stafford Act for at least 12 states.

The TREAT Act will improve access to providers of all kinds, including mental health providers, by allowing individuals in areas experiencing shortages to access providers across the country. The legislation will provide increased flexibility for providers, potentially raising the number of providers willing and able to work. For these reasons, we urge you to bring the TREAT Act forward for consideration in the Senate Committee on Health, Education, Labor and Pensions.

Thank you for your efforts to protect and expand Americans’ access to important and necessary health services during this national emergency. We look forward to continuing to work with you to address mental health care needs throughout the country.

Sincerely,

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American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Assoc.
American Psychoanalytic Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness

Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists (CPNP)
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Education Development Center
EMDR International Association
Global Alliance for Behavioral Health and Social Justice
Inseparable
International OCD Foundation
Jewish Federations of North America
Maternal Mental Health Leadership Alliance
Mental Health America
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Association for Behavioral Healthcare
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Council for Behavioral Health
National Eating Disorders Association
National Federation of Families for Children's Mental Health
National Register of Health Service Psychologists
Postpartum Support International
Psychotherapy Action Network Advocacy
Residential Eating Disorders Consortium
Schizophrenia and Related Disorders Alliance of America
SMART Recovery
The Trevor Project
Treatment Communities of America
Well Being Trust