

# Advocating for Psychologists, Students and the Public in Third COVID-19 Stimulus Package



Many of APA's top priorities were secured in the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), the third piece of legislation enacted by Congress to respond to the COVID-19 pandemic. The new law provides \$2.2 trillion to counter the economic effects of nationwide quarantines, stay-at-home orders, business and school closures, and layoffs related to the pandemic. During the House and Senate negotiations, APA advocated to shape the COVID-19 legislation both independently and in coalition with other scientific, consumer and health provider organizations.

In addition to the billions provided to individuals and businesses, the CARES Act establishes a \$100 billion emergency fund to reimburse public health agencies and providers for coronavirus expenses, and a \$27 billion fund for vaccines and medical surge capacity. The legislation also provides \$150 billion in aid to state, local and tribal governments; \$40 billion for agriculture, food and nutrition programs; and \$20 billion for social programs and economic aid to communities.

The CARES Act will substantially increase the use of psychological services delivered to Medicare patients who use telehealth and will likely lead to broader coverage of telehealth services under private insurance and Medicaid programs. Even before the COVID-19 crisis, telehealth was used primarily to treat Medicare patients with mental health diagnoses. Now, with many Americans coping with stress, anxiety, trauma, isolation and loneliness as a result of distancing or quarantine, it is critical to expand access to telehealth services.

The legislation also changes laws on the confidentiality of substance use treatment records and provides funding that will benefit psychologists providing services in colleges and universities, nonprofits, state and local governments, and community health centers, as well as psychology graduate students and early career psychologists.

Here are more details on the CARES Act provisions of particular interest to psychologists:

## **Telehealth, Medicare and Medicaid**

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- Extends Medicare telehealth coverage during the COVID-19 emergency period to include services provided to new patients, not just existing patients as was established in the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123).
- Allows Medicare coverage to federally qualified health centers and rural health clinics to serve as distant sites for telehealth consultations and provide services to patients in their own home during the COVID-19 emergency period.
- Includes more than \$100 million for Department of Agriculture programs to improve broadband access in rural areas and reauthorizes the Health Resources and Services Administration telehealth network and telehealth resource centers grant program. It also amends the networks to ensure the use of evidence-based projects and extends to the treatment of substance use disorders.
- Suspends the 2% Medicare sequestration from May 1 through Dec. 31, 2020.
- Limits the liability of health-care professionals for volunteer services provided during the COVID-19 emergency period.
- Allows state Medicaid programs to pay for direct support professionals and caregivers to assist patients during hospital stays to reduce lengths of stay and free up beds.
- Requires coverage of COVID-19 testing without cost-sharing in Medicare and private insurance plans. It also allows state Medicaid programs to cover COVID-19 testing and related services without cost-sharing to uninsured individuals.

## **Science**

- Provides \$76 million for the National Science Foundation for RAPID grants for research opportunities that arise during the COVID-19 crisis.
- Allocates \$945.5 million for vaccine, therapeutic and diagnostic research on COVID-19, including on underlying pulmonary conditions. When combined with the first stimulus package, there will be \$1.78 billion in new funding for research at the National Institutes of Health related to COVID-19 and to cover research disruptions.

## **Education and loan assistance**

- Defers all federal student loan payments, including interest, for at least six months. The suspended payments would still count for borrowers on track for loan forgiveness under federal programs such as the Public Service Loan Forgiveness program.
  - Allows institutions to issue work-study payments to students in the Federal Work Study program who are unable to work due to closures. Pell students are not required to return funding for a term impacted by COVID-19 and that term does not count toward their lifetime Pell eligibility.
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- Allows tax deductions of up to \$5,250 in qualifying student loan repayments for borrowers who receive assistance from their employer to repay their student loans.
- Provides \$30 billion for states, school districts, and colleges and universities for costs related to COVID-19. That funding includes \$13.5 billion for elementary and secondary education formula grants to states, \$14 billion for emergency relief of higher education institutions and an additional \$3 billion for emergency support grants to local educational agencies most affected by COVID-19. This funding is available at the elementary, secondary and post-secondary levels.

### **Substance use disorder treatment records and mental health**

- Aligns rules governing the confidentiality of substance use disorder treatment patient records with the Health Insurance Portability and Accountability Act.
- Permits the use and disclosure of substance use disorder treatment records upon a patient's written consent for the purpose of treatment, payment and health-care operations. Following this initial consent allows the re-disclosure of such information until the patient revokes consent in writing.
- Provides \$425 million in emergency funding for community behavioral health organizations, suicide prevention programs, and programs operated by the Substance Abuse and Mental Health Services Administration.

### **Support for vulnerable populations**

- Provides more funding and flexibility in the administration of federal nutrition programs, including the Supplemental Nutrition Assistance Program, child nutrition programs, and nutrition assistance to territories and on Indian reservations.
- Provides \$12.4 billion for the Department of Housing and Urban Development to supplement housing assistance programs for vulnerable populations.
- Allocates \$955 million to support nutrition programs, home and community-based services, and support for family caregivers and to expand oversight and protections for seniors and individuals with disabilities.
- Includes \$2 billion to strengthen response capacity and support tribal governments and \$1.03 billion for the Indian Health Service to support tribal health-care system response efforts.

APA continues its advocacy as Congress is expected to take up additional COVID-19 bills in the coming months and as the adverse mental health effects of the COVID-19 pandemic continue.

*For more information, contact APA's advocacy team at [advocacy@apa.org](mailto:advocacy@apa.org).*

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### **CMS Further Expands Psychologists' Ability to Provide Telehealth**

The Centers for Medicare and Medicaid Services (CMS) is continuing to expand

psychologists' ability to temporarily provide their services in Medicare via telehealth. On March 30, CMS provided guidance that psychologists may provide psychological and neuropsychological testing services and visits to patients in nursing homes through telehealth for the duration of the COVID-19 public emergency. CMS has also made clear that telehealth services may now be provided for both new and established patients and that assessment and management services may be provided by audio-only telephones. Much of this guidance follows on recommendations APA made to the agency on March 25, urging greater use of telehealth by psychologists to prevent Medicare patients from losing access to the mental and behavioral services that psychologists provide during this public health emergency. APA is continuing to urge the agency to allow for audio-only services for the provision of psychotherapy services.

*For more information contact Doug Walter, JD, at [dwalter@apa.org](mailto:dwalter@apa.org).*

### **Calling on All States to Lift Restrictions on Telehealth Services**

APA joined the Mental Health Liaison Group in sending letters to [House and Senate leadership](#), members of Congress, and all 50 governors and [state insurance commissioners](#) urging their support in lifting restrictions on telehealth services. Although several states have acted to scale up telehealth services over the years, there are still far too many gaps in access and coverage for the 43.8 million Americans experiencing a mental illness. APA urged these key federal and state policymakers to work together to allow for telehealth coverage at all levels of care and parity reimbursement until the national emergency order is lifted.

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### **Gaining Senator Support for Medicare Audio-Only Telehealth Coverage**

APA worked with Sen. Edward J. Markey (D-Mass.) on a [letter](#) to the Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma, calling for immediate Medicare coverage of audio-only telehealth services during the COVID-19 pandemic. In the letter, Sen. Markey stressed that, “no Medicare recipients should be denied telehealth access at this perilous time simply because they lack video-conferencing capabilities” and urged CMS to do “everything it can to help on our nation’s most vulnerable populations.” Medicare currently requires that telehealth communication tools have both audio and video capabilities, a rule that significantly undercuts Medicare patient access to psychologists’ services during this emergency period.

This letter complements the joint APA and National Association of Social Workers [letter](#) sent last week to Senate and House leadership urging Congress to further expand Medicare telehealth flexibilities and permit audio-only telephone coverage. The Coronavirus Aid Relief and Economic Security Act, recently signed into law, now provides clear authority for CMS to waive this requirement.

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