Mr. Chairman and distinguished committee members, thank you for the opportunity to testify before you today. My name is Jennifer Thompson, and I am the Executive Director of the National Association of Social Workers – NJ Chapter. We represent the interests of the more than 20,000 licensed social workers in NJ and the clients they dedicatedly serve.

The need for mental health services and expanded access to those services at this time in our nation’s history is undeniable. The twin pandemics of COVID-19 and racism have converged to create a perfect storm—access to in-person care is limited, people are frightened, unsure about the future, many are unemployed and facing financial difficulties, and are angry at the circumstances in which they find themselves. Daily, more and more members of our community are seeking services from social workers.

In thinking about the needs of frontline healthcare workers as they relate to mental health, it is important to understand the depth and breadth of the role social workers play in our communities. Social workers were among the first to be called to serve—calls for volunteer social workers were solicited by the state of New Jersey, as well as private organizations at the same time as respiratory therapists and medical professionals.

Health care social workers were often the last person a dying patient would see while family members were not permitted to enter during facility lockdowns. On the opposite end, social workers working as discharge planners helped recovered patients prepare to reenter the community and connected patients and families with crucial resources. Child welfare social workers worked tirelessly to keep children in our state safe from abuse and neglect, a process complicated by the quarantine of families at home, which increased the likelihood of abuse while at the same time decreasing the likelihood that abuse would be reported. Social workers in the mental health and substance abuse fields were called upon to provide urgent services to individuals and families dealing with increased experiences of depression, anxiety, and grief, as well as to other frontline workers to help them process the traumas they were witnessing. And moving forward, social workers will continue to be on the frontlines of our battle against Covid-19, serving as contact tracers, helping hospitals and long-term care facilities return to full functionality, and providing crucial support to other professionals dealing with PTSD, grief, and compassion fatigue.

Yet through all this, social workers are still not mentioned in the same breath as other essential workers. We have been told our services are essential—just not essential enough to be prioritized during a time of pandemic. Our pending licenses sit unprocessed with no plan to address the backlog. Students who have recently graduated are aching to help during this crisis but are often prevented from doing so due to lack of licensure. While agencies moved swiftly to ensure regulations were expanded to meet the needs of other essential workers on the front
lines, social workers are still awaiting regulatory expansions, leaving organizations understaffed, therapists working over-capacity and facing their own burnout. We are asked to volunteer our services if we are able, but still must reckon with inequitable pay compared with other health and mental health professionals, particularly regarding insurance reimbursement rates.

Social workers are the primary providers of mental health services in our state, particularly to those individuals and families who are economically or socially disadvantaged, experience severe mental health disorders, or come from predominantly minority communities.

According to a new survey conducted by the John Hopkins Bloomberg School of Public Health and published last week in the Journal of the American Medical Association, the numbers of Americans suffering from mental health disorders like anxiety and depression have more than tripled during the COVID-19 pandemic.¹ Vulnerable and under-represented populations have been hit especially hard. According to the same JAMA study, 19.3 percent of adults with annual household incomes less than $35,000 reported psychological distress in 2020 compared to 7.9 percent in 2018. And nearly one in five Hispanic adults surveyed reported psychological distress in 2020 compared to just 4.4 percent in 2018. Psychological distress in adults 55 years and older almost doubled to 7.3 percent in April 2020 from 3.8 percent in 2018.

**It is our strong belief that in addition to supporting the ability of social workers and other mental health professionals to do their important work, the most crucial component to addressing the mental health needs of the community currently is the continuation of expanded access to telehealth services.**

FAIR Health—an independent nonprofit that collects data for and manages the nation’s largest database of privately billed health insurance claims as well as data from Medicare Parts A, B and D claims—notes in their “Monthly Telehealth Regional Tracker” that two of the top 5 most used telehealth procedural codes in March 2020 were psychotherapy codes; psychotherapy codes did not appear among the top 5 most used codes in 2019.²

A recent report by McKinsey & Company notes that consumer adoption of telehealth has skyrocketed, from 11 percent of U.S. consumers using telehealth in 2019 to 46 percent of consumers now using telehealth to replace cancelled healthcare visits. Providers have rapidly scaled offerings and are seeing 50 to 175 times the number of patients via telehealth than they did before.³

It is imperative that this level of remote access to mental health services be sustained over time. **Restrictions by insurers on access to telehealth and telemedicine services that were lifted due to the Covid-19 pandemic must not be reinstated.** There are several key steps our state legislature and elected leaders can take to help ensure this:

- We must pass **A4200** which requires both health benefit plans and the Medicaid program to maintain a reimbursement rate for health care services provided using
telehealth or telemedicine that equals the reimbursement rate for services provided in-person. And efforts must also be made to extend these provisions permanently.

- Private insurers **must** be required to include telehealth benefits in **all** plans to maintain increased consumer access to mental health services.
- The legislature and the Governor’s office must put pressure on the Centers for Medicare and Medicaid services to extend provisions implemented to expand access to telehealth in Medicare and Medicaid programs, including the use of audio-only services when two-way video is not available—access to audio-only services is critical for older adults and low-income families who may lack internet access or video capabilities.

Of equal importance is addressing how the backlog of licensing applications will be addressed. We heard yesterday in our licensing board meeting that they estimate it will take four-months to catch up on these applications. Providing additional emergency funding to regulatory agencies who oversee the licensure of essential workers, including social workers, will help ensure critical workers are able to get into the workforce. Further delays will only serve to put additional stress on already strained systems and the social workers and mental health professionals who are already working tirelessly to support the growing needs of our communities.

We recognize there is much that needs to be done to address the mental health needs of the community today, but we also want to be mindful that this is likely not the only pandemic our state will face. It is imperative that we plan for the future. As we do so, social workers should be included in emergency response planning groups as we bring expertise in not only mental health, but healthcare, school social work, supporting communities in crisis, and more.

If we are to be called to action in the same way as other essential workers, respectfully, our voices should be at the table in the planning as well.

Thank you for your time and allowing us to speak to these critical issues. I welcome questions from the committee now or at a later time.