Five ways it is easier and more affordable to access mental health support during the COVID-19 crisis

1. **You should not be charged a co-pay for in-network tele-mental health services**

   During the COVID-19 crisis, your insurance cannot charge you a co-pay (or co-insurance or annual deductible) for in-network telehealth medical services your insurance policy covers, including mental health services. You may be charged a co-pay if you receive these services in person. Learn more about this emergency New York law online [here](#).

2. **Essential workers should not be charged a co-pay for any in-network mental health services, whether in person or via tele-health**

   During the COVID-19 crisis, if you are a healthcare worker, first responder, or essential employee, you can use in-network outpatient mental health services covered by your insurance without needing to pay a co-pay (or co-insurance or annual deductible), whether you use them in person or via telehealth. You qualify if you were in one of these positions on or after March 7, 2020. The range of positions is broad, and you may be included. The full list of eligible positions, and the emergency New York law, is online [here](#).

3. **Mental health providers can serve clients over common video chat apps**

   During the COVID-19 crisis, federal and state regulations have been waived so that mental health providers can serve patients using common video chat apps like FaceTime, Facebook Messenger, WhatsApp, WeChat or Zoom, making it easier for providers to serve clients wherever they are during this public health emergency. Providers do not need to use HIPAA-compliant software; however, they cannot use public-facing software like Facebook Live, Instagram Live, or TikTok. The notice from the federal government is online [here](#).
You can keep your insurance coverage through June 1, 2020, even if you are having trouble paying your premiums

If you are facing financial hardship as a result of the pandemic, your insurer must give you until June 1, 2020 11:59PM to pay your premiums. Your insurer cannot drop you, and they must pay any valid claims during that time. For proof of hardship, your insurer must accept your written statement showing financial difficulty as a result of the pandemic. The emergency New York law is online [here](#).

You can access Paid Family Leave to care for family members with serious mental health conditions

During the COVID-19 crisis, New Yorkers can continue to take Paid Family Leave to care for a close family member with a serious health condition. This includes mental health conditions, such as schizophrenia, bipolar disorder, or post-traumatic stress disorder (PTSD). In 2020, New Yorkers can qualify for up to 10 weeks paid leave, and the policy applies to most people working for private employers, and most people working for government or unions. Learn more about how to access New York State Paid Family Leave benefits [here](#).

Bonus: you may be able to keep your mobile phone service, even if you are having trouble paying

The original pledge lasts until May 12, but some, including Verizon, T-Mobile/Sprint, and AT&T, have agreed to extend until June 30. Some companies may require you to contact their customer support to make use of this; you may have to contact them again after May 13 for the June extension. Learn more about the pledge, and participating companies, [here](#).

Your insurance plan might give you more benefits during this crisis than the emergency laws require. You should check with your insurer for up-to-date information on co-payment or cost-sharing waivers during this state of emergency.