

“Ensuring Medicare Beneficiary Access: A Path to Telehealth
Permanency”

November 14, 2023

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Mental Health Liaison Group Telehealth Work Group

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The Honorable Ben Cardin, Chair
Subcommittee on Health Care
U.S. Senate Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Steve Daines, Ranking Member
Subcommittee on Health Care
U.S. Senate Committee on Finance
United States House of Representatives
Washington, D.C. 20510

Dear Subcommittee Chairman Cardin and Subcommittee Ranking Member Daines,

Thank you for holding the hearing entitled, “Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency” at the Subcommittee on Health Care within the U.S. Senate Committee on Finance and for your continued leadership to advance telehealth. On behalf of the Mental Health Liaison Group (MHLG) Telehealth Work Group, **we urge the committee to pass a provision permanently removing the telemental health in-person requirement** as passed within Section 123 of the *Consolidated Appropriations Act of 2021 (P.L. 116-260)* prior to the implementation of the requirement on January 1, 2025.

Although the Centers for Medicare and Medicaid Services (CMS) extended in-person follow ups to every 12 months after the initial 6-month in-person visit with the final [2023 Medicare Physician Fee Schedule](#), this provision remains unduly burdensome given the growing need for mental health services throughout the nation and acute behavioral health workforce shortages. The provision is counter to the intent of ensuring more Americans receive life changing care; and, in fact, could further exacerbate our nation’s growing mental health crisis. As the committee is aware, there is no in-person requirement for individuals seeking medical services or substance use disorder treatment via telehealth.

According to CMS [telehealth data](#) from January 1, 2020 to March 31, 2023, shows approximately 30% of Medicare beneficiaries utilized telehealth, underscoring the continued popularity of the modality among enrollees. We also know that Medicare beneficiaries utilize telehealth for a [larger share of their behavioral health services](#)—43% of beneficiaries for behavioral health services versus 13% of beneficiaries for office visits (E/M visits). The MHLG Telehealth Work Group strongly supports in-person care when it is clinically appropriate; however, the current in-person requirement is applied to all patients with mental health conditions regardless of whether such a visit is needed or wanted.

As the committee continues to negotiate telehealth permanency provisions, we thank you for your leadership and look forward to working with you to ensure Americans receive the mental health services they need.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Association for Marriage and Family Therapy

American Association of Nurse Anesthesiology

American Counseling Association

American Foundation for Suicide Prevention

American Psychiatric Association

American Psychological Association

American Telemedicine Association

Association for Ambulatory Behavioral Healthcare

Association for Behavioral Health and Wellness

Centerstone

Children's Hospital Association

Inseparable

Meadows Mental Health Policy Institute

Mental Health America

National Association of Social Workers

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

REDC

Wounded Warrior Project