

June 18, 2024

The Honorable Cathy McMorris Rodgers, Chair
Energy & Commerce Committee
United States House of Representatives
Washington, D.C. 20515

The Honorable Brett Guthrie, Chair
Subcommittee on Health
Energy & Commerce Committee
United States House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone, Jr., Ranking
Member
Energy & Commerce Committee
United States House of Representatives
Washington, D.C. 20515

The Honorable Anna Eshoo, Ranking Member
Subcommittee on Health
Energy & Commerce Committee
United States House of Representatives
Washington, D.C. 20515

Dear Committee Chair McMorris Rodgers, Ranking Member Pallone, Subcommittee Chair Guthrie and Ranking Member Eshoo,

Thank you for holding a subcommittee markup and advancing critical legislation to continue telehealth flexibilities for an additional two years. On behalf of the national organizations representing health care professionals, patients, and families, we have been steadfast supporters of the bipartisan, bicameral *Telemental Health Care Access Act* (H.R. 3432/S. 3651) and support the inclusion of a similar provision within the amendment in the nature of a substitute (AINS), that now awaits further consideration from the full committee. We urge the committee to vote the AINS favorably out of the full committee and work with leadership to advance the extension of telehealth flexibilities out of the U.S. House of Representatives.

The *Consolidated Appropriations Act of 2023* extended several telehealth flexibilities through December 31, 2024. One of these flexibilities enables Medicare beneficiaries to seek mental health services via telehealth without requiring an in-person visit. However, without congressional action, an in-person visit requirement within six months of accessing mental health services via telehealth will take effect on January 1, 2025. Given mental health conditions remain the top telehealth diagnosis since the onset of the pandemic—rising from 34% to 67%—this policy is unduly burdensome for beneficiaries.¹ Additionally, the requirement 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. Even in states with the most access, two in five individuals go without treatment.²

The *Telemental Health Care Access Act* seeks to remove barriers to care for Medicare beneficiaries by permanently removing the six month in-person requirement. This bill would align with current policy for individuals seeking medical services or substance use disorder services, which have no in-person requirements. 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).³ The MHLG Telehealth Work Group strongly supports in-person care when it is clinically appropriate; however, the current policy slated to take effect next year applies this in-person requirement to all patients with mental health conditions regardless of whether such a visit is needed or wanted.

¹ FAIR Health. Monthly Telehealth Regional Tracker. Retrieved from <https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/feb-2024-national-telehealth.pdf>

² Mental Health America. (2021). The State of Mental Health in America 2021 Report. Retrieved from <https://mhanational.org/issues/state-mental-health-america>.

³ U.S. Department of Health and Human Services Office of Inspector General. (2022). Data brief: Telehealth was critical for providing services to medicare beneficiaries during the first year of the covid-19 pandemic. Retrieved from <https://oig.hhs.gov/oei/reports/OEI-02-20-00520.pdf>

As the committee continues to negotiate telehealth permanency provisions, we thank you for your leadership and urge you to advance the AINS, which would extend the delay of a six month in-person requirement through December 31, 2026. We look forward to collaborating with you to ensure Americans receive the mental health services they need.

Sincerely,

American Association of Child and Adolescent Psychiatry

American Association of Marriage and Family Therapy

American Association of Psychiatric Pharmacists (AAPP)

American Counseling Association

American Foundation for Suicide Prevention

American Psychiatric Association

American Telemedicine Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare (AABH)

Association for Behavioral Health and Wellness

ATA Action

Centerstone

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Global Alliance for Behavioral Health and Social Justice

Inseparable

International OCD Foundation

International Society of Psychiatric Mental Health Nurses

Maternal Mental Health Leadership Alliance

Meadows Mental Health Policy Institute

Mental Health America

National Alliance on Mental Illness

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

National Eating Disorders Association

National League for Nursing

Policy Center for Maternal Mental Health

REDC Consortium

The Jed Foundation

The Kennedy Forum

The National Alliance to Advance Adolescent Health

Wounded Warrior Project