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

November 14, 2023

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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