ABHW

ISSUE BRIEF

Tele-behavioral Health

Updated May 2025

Background

In 2024, 23% of adults (nearly 60 million Americans) in the U.S. experienced a mental illness, and 17.8 % (almost 45 million Americans) had a substance use disorder (SUD) in the past year. Despite these large numbers, less than half of those Americans received treatment because of barriers to access[i]. Telehealth can help increase access to behavioral health care. It is a more equitable treatment pathway for individuals with limited or no access to in-person behavioral health services. Teleprescribing is the practice of prescribing medications to patients remotely via technology, such as with video or phone calls. Teleprescribing reduces barriers to care, especially for individuals in remote areas or with mobility issues, and can improve efficiency and reduce costs.

While significant advancements have been made in telehealth, numerous barriers still face tele-behavioral health care. Of immediate concern, Medicare telehealth flexibilities are set to expire on September 30, 2025. One of the expiring provisions is the requirement of in-person visits for tele-mental health, which will be required for Medicare recipients. If this in-person visit requirement expires, patients will have to receive an in-person evaluation with a provider six months before initiating tele-behavioral health treatment, and they will also need an in-person visit annually thereafter. This requirement creates unnecessary and stigmatizing burdens to care. Additionally, there are permanent restrictions on telehealth across state lines and coverage for telehealth services for high-deductible health plans that impede individuals' access to coverage.

Advancements in telehealth must continue to promote equity and not exacerbate health care disparities. Access to telehealth services is challenging for rural and urban populations, older adults, low-income residents, and those with limited health, digital, or English literacy. Data shows that about one in five U.S. households are not connected to the internet at home.[ii] A lack of broadband

internet is another problem that magnifies obstacles to telehealth access.[iii]

The coronavirus pandemic increased the utilization of telehealth, given social distancing and stay-at-home orders.[iv] During the COVID-19 Public Health Emergency (PHE), federal legislative and regulatory actions and actions taken by health insurers quickly expanded access to telehealth services. While telemedicine has expanded, it is delivered unevenly across the U.S. depending on state-level policies.[v] The PHE ended on May 11, 2023, but Congress has extended many of Medicare's telehealth flexibilities through September 30, 2025. The increased utilization of telehealth and the satisfaction of many patients and providers, particularly in the behavioral health field, make it critical for the current telehealth flexibilities to be extended and ultimately made permanent.

Literature on telehealth has grown since the onset of the PHE, but it is still lacking. The impact of telehealth on quality, access, and costs is limited because of the time lag in claims data, and some studies have methodological and data challenges.[vi] Some studies have shown that telehealth services can expand access to underserved communities.[vii] Rural communities across the U.S. have some of the most vulnerable populations, including individuals with low socioeconomic status, Indigenous communities, children and older adults, and individuals with disabilities, who have limited access to health care, travel long distances to receive care, and/or delay care until after a health emergency.[viii] More data must be collected and analyzed to deliver appropriate access and quality services.

In January 2025, the U.S. Drug Enforcement Administration (DEA) finalized new rules that allow for the teleprescribing of buprenorphine for opioid use disorder (OUD) treatment for up to six months without the need for an in-person evaluation for new patients. The effective date of these rules has been delayed until December 31, 2025. Additionally, also in January 2025, during the final days of President Biden's Administration, the DEA released a proposed rule that would allow practitioners with a Special Registration to prescribe Schedule III-V, and in limited circumstances, Schedule II, controlled substances via telemedicine. Practitioners with a Special Registration would still need to obtain a DEA registration in each state where they prescribe or dispense controlled substances. However, the proposed rule establishes a limited, less expensive State Telemedicine Registration as an alternative to the traditional DEA registration. It remains unclear whether the Trump Administration will finalize this rule to establish a Special Registration system.

Recommendations

ABHW supports the expansion of coverage for evidence-based telehealth services and removing unnecessary barriers to telehealth care delivery. While expanding appropriate telehealth services has the potential to coordinate and improve care and outcomes, additional steps are needed to support evidence-based, safe, and effective enhancements and implementation of tele-behavioral health services. Please see our recommendations below:

- **Remove the In-Person Visit Requirement for Mental Health-Only Services in Medicare.** Recent changes in Medicare to remove geographic and originating site restrictions for mental health services allow beneficiaries across the country to receive virtual care from their chosen location. However, these changes were accompanied by a new requirement, mandating that an individual must have an in-person visit no less than six months before they can receive mental health services via telehealth. While Congress passed legislation that delayed the implementation of the in-person requirement, it is set to expire September 30, 2025. ABHW is urging Congress to delay this in-person requirement for two years. We also support the passage of *The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act* (S. 1261). This bill would make Medicare telehealth flexibilities permanent, including the provision to repeal the six-month in-person requirement before accessing tele-mental health services.

- **Telehealth Coverage in High-Deductible Plans**. Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), health savings accounts paired with high-deductible health plans (HSAs/HDHPs) could cover telehealth pre-deductibles. ABHW supports making this permanent to help employers continue supporting individuals by leveraging virtual care. We also support legislation such as the *Telehealth Expansion Act of 2025* (H.R. 1650/S. 1001), which looks to expand tele-mental health services by exempting high-deductible health plans from the requirement of a deductible for telehealth and other remote care services. This will increase consumers' access to various health plans, allowing for improved access to care.

- **Address State Licensure Issues to Allow Providers to Deliver Telehealth Services Across State Lines.** ABHW encourages state and federal efforts that foster state licensure reciprocity to improve access to treatment through telehealth services.

- **Telehealth Credits for Network Adequacy.** Telehealth should count toward meeting time and distance standards for network adequacy purposes. This will allow health plans to apply virtual telehealth providers, who may be outside designated geographic areas, to satisfy behavioral health network adequacy standards. It will also improve access to services in mental health professional shortage areas.

- **The In-Person Visit Requirement for Prescribing Controlled Substances Should Be Based on Clinical Decision-Making**. ABHW believes it should be up to clinical decision-makers whether specific data is needed to prescribe controlled substances. We support legislation such as the *Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act* (H.R. 1627), which would waive the in-person requirement and instead allow the use of audio-only or audio-visual telehealth services for people with opioid use disorder. Clinical decisions vary based on the prescribed medication, and no unified standard of care describes prerequisites for all controlled substances.

- **Develop a Special Registration System for Providers to Tele-prescribe Controlled Substances.** ABHW believes that the DEA should create a special registration system for providers to have less restrictive separate enhanced pathways for prescribing Schedule III-V drugs. With this special registration, practitioners could prescribe Schedule III-V, and in limited circumstances, Schedule II, controlled substances via telemedicine. The establishment of a special registration system will increase access to medication and treatment for those individuals with SUDs.

- **ABHW Recommends That the Appropriate Regulatory Agencies Conduct Research to Determine How Best to Leverage Evidence-based Audio-Only Technology.** In 2022, the Centers for Medicare & Medicaid Services (CMS) permanently allowed audio-only services to be provided for diagnosing, evaluating, and treating mental health conditions and substance use disorders. In 2023, clinicians started to indicate audio-only services on Medicare claims, which helps measure audio-only outcomes. ABHW supports expanding coverage for appropriate audio-only telehealth services. However, ensuring sufficient evidence to support the audio-only modality for delivering each service is critical.

[i] Prevalence Data 2024 | Mental Health America

[ii] Switched Off: Why Are One in Five U.S. Households Not Online? | National Telecommunications and Information Administration
[iii] Switched Off: Why Are One in Five U.S. Households Not Online? | National Telecommunications and Information Administration
[iv] JAMA Health Forum, Mental Health Service Utilization Rates Among Commercially Insured Adults in the US During the First Year of the COVID-19 Pandemic, January 2023.
[v] *Id.*
[vi] Medicare and the Health Care Delivery System, Report to Congress June 2023: Mandated report: Telehealth in Medicare, June 2023
[vii] https://www.healthcaredive,com/new/study-throw-claims-telehealth-savings-into-doubt-kaiser-family-foundation-/640666/
[viii] Telehealth Interventions and Outcomes Across Rural Communities in the United States: Narrative Review - PMC