

August 11, 2025

The Honorable Doris Matsui
2206 Rayburn House Office Building
Washington, DC 20515

The Honorable Troy Balderson
2429 Rayburn House Office Building
Washington, DC 20515

The Honorable Tina Smith
720 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, MD
455 Dirksen Senate Office Building
Washington, DC 20510

Dear Representative Matsui, Representative Balderson, Senator Cassidy, and Senator Smith:

On behalf of the Mental Health Liaison Group (MHLG), a coalition of national organizations representing individuals and families experiencing mental health and substance use challenges, mental health and substance use treatment providers, advocates, and other stakeholders committed to retaining telehealth flexibilities for Americans, we write to share our strong support for the *Telemental Health Care Access Act (H.R. 3884/S.2011)*.

Your bill would remove barriers to care by permanently eliminating the six month in-person requirement for Medicare beneficiaries to seek mental health services via telehealth. It would align with current policy for individuals seeking substance use disorder services and co-occurring mental health services, which have no in-person requirements. Medicare beneficiaries utilize telehealth for a larger share of their behavioral health services—38.4% of beneficiaries for behavioral health services versus 6% of beneficiaries for office visits (E/M visits).¹

Given that mental health conditions remain the top telehealth diagnosis since the onset of the COVID-19 pandemic - rising from 34% to 67% - this policy is unduly burdensome for beneficiaries.² 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. 1 in 5 adults experience a mental illness, yet 55% of those individuals receive no treatment.³

One of the benefits of telehealth access, including through the delayed implementation of the in-person requirement for mental health, is the decrease in no-show rates, which is clinically important for timely and effective treatment. A 2024 study found that telemedicine appointments were associated with 64% higher odds of completion than in-person care appointments.⁴ Being able to keep appointments is a strong indicator of eventual patient outcomes – receiving timely care, without delay or disruption, allows for better management of conditions and can prevent the worsening of conditions.

With current telehealth flexibilities, including the delay of the six-month in-person requirement, set to expire on October 1, 2025, your bill takes a critical step in ensuring continued access to mental health services. The MHLG strongly supports in-person care when it is clinically appropriate; however, the current policy slated to take effect in October applies this in-person requirement to all patients with mental health conditions regardless of whether such a visit is needed or wanted.

We thank you for your leadership and look forward to working with you and your staff to move this important legislation forward.

Sincerely,

American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association of Psychiatric Pharmacists
Association for Ambulatory Behavioral Healthcare
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association Services, Inc.
American Telemedicine Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Fountain House
Global Alliance for Behavioral Health & Social Justice
Huntington's Disease Society of America
Inseparable
International OCD Foundation
International Society of Psychiatric-Mental Health Nurses
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 Board for Certified Counselors & Affiliates
National Council for Mental Wellbeing
National Federation of Families
National League for Nursing
National Register of Health Service Psychologists

Psychotherapy Action Network (PsiAN)

REDC Consortium

The National Alliance to Advance Adolescent Health

Wounded Warrior Project