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Telehealth Flexibilities: 'The Can Keeps Getting Kicked Down the Road'

By **Ashleigh Hollowell** | September 15, 2025

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Telehealth flexibilities have evolved from a reactionary pandemic-era necessity into a mainstay tool across health care. Yet, the increased access and behavioral health outcomes, which are on par with in-person results, still haven't been enough for Congress to make the flexibilities permanent.

Telehealth extensions for Medicare patients are set to expire on Sept. 30. These flexibilities have allowed for mental health care to be delivered remotely via video or audio platforms with no geographic restrictions and without an in-person visit requirement.

Legislation introduced as recently as Sept. 2 could extend the rules until 2027, or the federal government could grant another extension at the final hour. However, in the meantime, providers are left without a clear roadmap.

"I don't know why they keep kicking the can down the road," Dr. Stephen Gillaspy, senior director of health and health care finance at the American Psychological Association (APA), told Behavioral Health Business. "This whole idea of if we were to green-light everything, that there's going to be waste, fraud and abuse... we've got four years of data now that doesn't support those claims. It's extremely frustrating. I don't think anyone can tell you exactly why, and it's crazy, because it seems like there's such bipartisan support for telehealth."

Operational challenges

The ongoing uncertainties surrounding telehealth flexibilities make it challenging for behavioral health providers to plan.

"It makes it difficult to plan long term, because you're worried about if the rug is going to be pulled out from under you," Dr. Michael Genovese, chief medical officer of behavioral health at Access TeleCare, a provider of specialty telemedicine programs, told BHB. "It's not only difficult for doctors and companies, it's difficult for patients, because if you all of a sudden told a patient, 'Hey, you can no longer do telehealth,' some are going to say, 'Well, then I can no longer get care.'"

Several members of the APA, Gillaspy said, have sent messages and picked up the phone, reaching out for guidance as the deadline approaches. The APA is very confident that there will be another extension, he

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explained, and is recommending providers "hold off from trying to make wholesale changes to how you practice," just yet.

"It's hard to do because with the way things are happening right now, any kind of legislation is a moving target," Gillaspy said.

What concerns providers most as the flexibilities hang in limbo is whether, if telehealth flexibilities do expire, Medicare will now require an in-person visit again.

Looking at outcomes

Outside of behavioral health, in-person requirements for other conditions may make sense. Still, multiple studies have found that since the pandemic created a surplus of mental health care options, access and outcomes have both improved.

"Not only did it fill a void when people couldn't go in person, but also in the behavioral health area, it is potentially expanding or getting treatment to people who wouldn't otherwise get it," Debbie Witchey, president and CEO of the Association for Behavioral Health and Wellness, told BHB. "In almost all cases, people don't need to go in for an in-person visit if they've done telehealth visit in the behavioral health space… I think that's why Congress keeps kicking it down the road. I don't think it's because they don't think it's valuable. It's because of the money."

The financial implications may drive reluctance to create permanency, she explained, because the perceived cost burden by the government is not as costly as it is for other areas of health that do require in-person follow-ups after telehealth check-ins.

Right now, the extension policy from the Department of Health and Human Services states that these services can be permanently received by Medicare beneficiaries at home, but the requirement for an in-

person visit every six months will be reinstated on Sept. 30. Patients who receive telemental health care via Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) would not have to return for in-person visits until January 2026.

A path towards permanency

Still, providers resoundingly told BHB that permanency across the flexibilities and eliminating the in-person requirement for permanency, particularly among the Medicare population, is vital to continuing the progress made in mental health access.

Dr. Katherine Hobbs, CEO of Author Health, a specialized mental health provider that serves Medicare and Medicare Advantage populations, worries that the ongoing lack of permanency will create a "significant barrier to receiving care." This, she said, is due to social hurdles such as transportation issues or health conditions that keep them homebound more than other patient populations.

"We have a limited workforce of behavioral health providers, and it creates an undue sort of burden on making sure that we have the physical locations available that we have the providers available, even to potentially go to the home," Hobbs told BHB. "At a minimum, we would like to see the provisions extended. Ideally, where we want to be is that we would like to make those provisions permanent."

Increasing the utilization of telehealth tools across the behavioral health field could also be a workforce solution, providers agreed.

"The biggest benefit of telehealth, when it comes to behavioral health, is being able to access specialists and not being dependent on that specialist living in your geographic area," Gillaspy said. "If you need a pediatric PTSD specialist and there's nobody in a three-

hour radius, then through telehealth, you can access a specialist. You can access specialists across state lines."

Telehealth technology also streamlines provider processes and can enable them to see a higher throughput of patients in the same amount of time.

"We always have workforce shortages in behavioral health, and telehealth is a major way that we can extend this limited resource of our workforce more broadly nationally," Hobbs said.

While short-term extensions may persist in the meantime, the underlying case for establishing permanent telehealth flexibilities for behavioral health is strong and has strong backing from providers.

H.R. 5081, the Telehealth Modernization Act, has yet to see much movement since being referred to the House Committee on Energy and Commerce and to the Committee on Ways and Means.

In the days to come, if the legislative efforts remain stagnant, the field is likely to see another short-term extension like HHS issued back in March with the expiration date set for September.

Companies featured in this article:

Access TeleCare, American Psychological Association, Association for Behavioral Health and Wellness, Author Health

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Ashleigh Hollowell

Ashleigh Hollowell is a professional journalist who has spent her career covering a range of local news, contributing to independent magazines and trade publications, and providing in-depth national health care reporting. Her work has appeared in Becker's Hospital Review, VentureBeat, PopSugar, MSN Singapore, and related outlets. She received her bachelor's degree from Colorado State University-

Pueblo and her master's from Syracuse University. In her free time, she volunteers with local organizations, enjoys hiking, reading, and yoga.

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