

ALERT

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Telehealth Plays a Growing Role in Tackling New York's Mental Health Crisis

By: Nafisa Ahmed

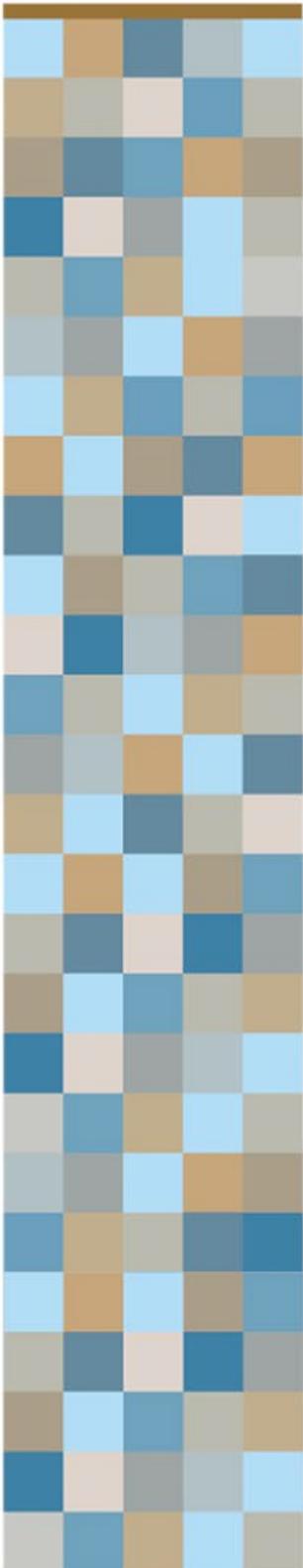
Changes to Medicare following the COVID-19 Pandemic

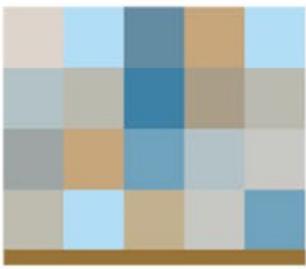
In the wake of the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) made permanent several major expansions to telehealth coverage under Medicare by broadening the list of services that could be delivered via telehealth and expanding the types of providers who are allowed to offer mental health care remotely. Physicians, nurse practitioners, licensed clinical social workers, clinical psychologists, marriage and family therapists, and mental health counselors are now all authorized to provide mental health services through telehealth.

The changes reflect how dramatically telehealth has reshaped health care delivery during and after the pandemic. As the United States continues to grapple with a nationwide mental health crisis, expanded access to telehealth is increasingly seen as a crucial tool for helping patients receive timely, and in some cases life-saving, mental health care.

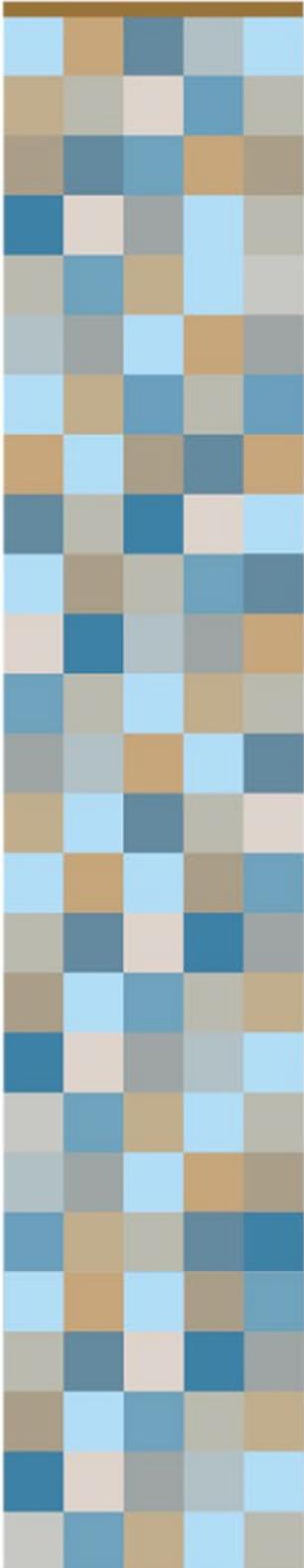
Medicare now permanently covers telehealth for mental health and substance use disorder services provided to patients at home, eliminating geographic restrictions on where care can be received. The definition of "home" has been expanded to include residences, shelters, group homes, hotels, and other locations a patient identifies as home, and Medicare will also cover audio-only mental health services when video is unavailable or declined.

Simultaneously, CMS introduced new limits for mental health telehealth. Beginning February 1, 2026, new patients must have an in-person visit within six months before starting telehealth services, and established patients must be seen in person at least once every 12 months, however, CMS allows exceptions when in-person care would be clinically inappropriate, burdensome, or could disrupt or worsen a patient's condition. It is important to note that these limitations apply only to mental health care and do not apply to substance use disorder treatment.





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New York at the Forefront of Mental Health Care Access Reform

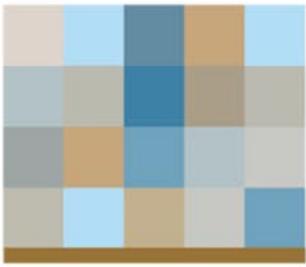
New York has adopted one of the nation's most expansive telehealth frameworks, requiring commercial insurers and Medicaid plans to cover telehealth services, including audio-only care when video is not feasible. State law also mandates reimbursement parity between telehealth and in-person care, though the requirement is scheduled to sunset on April 1, 2026. During the 2025-2026 legislative session, however, New York State is expected to consider whether to extend payment parity for telehealth services under Medicaid and commercial insurance beyond the current sunset date. Extending the telehealth payment parity sunset date is critical to preserving access to mental health care across New York. Without parity, providers face financial disincentives to offer telehealth, which in turn, could undermine care for patients who rely on remote services due to workforce shortages, transportation barriers, or clinical needs. Maintaining parity would provide stability for providers, support workforce retention, and ensure telehealth remains a viable tool for addressing the state's ongoing mental health crisis.

Conclusion

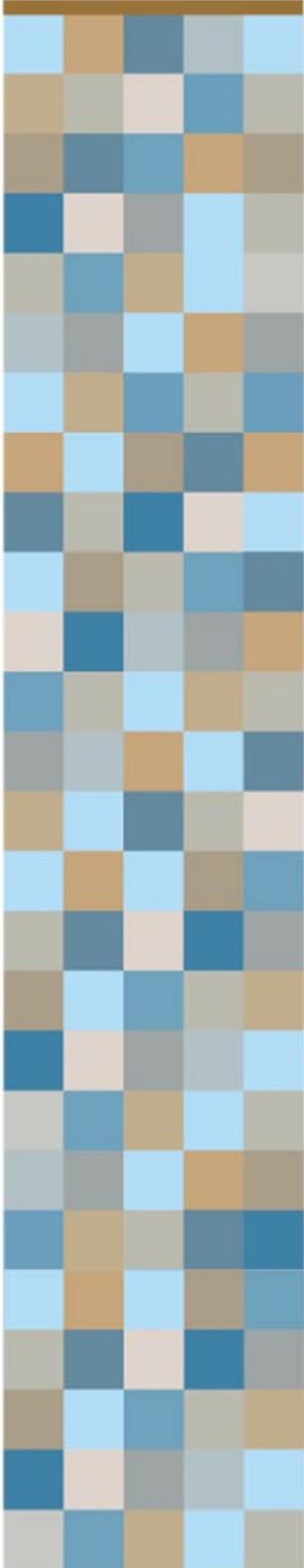
Telehealth has become an essential component of the mental health and substance use disorder care system, extending the reach of a strained workforce and improving access for individuals who might otherwise go without care. Growing public acceptance of telehealth, combined with its ability to overcome persistent barriers such as transportation challenges and stigma, underscores its lasting value beyond the pandemic. As New York considers the future of its telehealth policies, maintaining and strengthening access to telehealth must remain a central part of any strategy to support the behavioral health workforce and ensure timely, equitable access to care in both the short and long term.

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