

Medicare Telehealth Flexibilities at Risk of Expiration

Research Brief

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Introduction

Medicare's expanded coverage of telehealth services is [set to expire on September 30, 2025](#), unless Congress acts. Expanded telehealth coverage, introduced during the COVID-19 public health emergency (PHE), allowed patients to access care from their homes, expanded the types of clinicians who could provide telehealth, and covered audio-only visits. Their impact was dramatic: in the first months of the pandemic, telehealth accounted for more than 40% of Medicare outpatient visits.¹

Since that point, telehealth use has fallen and stabilized at about 5% of outpatient visits.² Telehealth has become established and a common way millions of Medicare beneficiaries receive care. Surveys consistently show that patients and clinicians alike want telehealth to remain an option, citing its ability to overcome barriers like transportation, mobility challenges, and access to behavioral health specialists.³ Patients and clinicians have already made telehealth a central part of their care, making it increasingly difficult for policymakers to "take it away".

¹ Mehrotra, J. G., Douceur Tengu, Ateev. (2021, August 30). *3 surprising trends in seniors' telemedicine use during the pandemic*. STAT. <https://www.statnews.com/2021/08/30/three-surprising-trends-seniors-telemedicine-use-pandemic/>

² Next Steps in Payment and Regulatory Policy for Telehealth, Before the Committee on Energy and Commerce Subcommittee on Health United States House of Representatives. (2024) (Ateev Mehrotra). https://d1dth6e84htgma.cloudfront.net/Ateev_Mehrotra_Witness_Testimony_04_10_2024_2881ca1772.pdf.

³ Uscher-Pines, L., Arora, N., Jones, M., Lee, A., Sousa, J. L., McCullough, C. M., Lee, S., Martineau, M., Predmore, Z., Whaley, C. M., & Ober, A. J. (2022). Experiences of Health Centers in Implementing Telehealth Visits for Underserved Patients During the COVID-19 Pandemic: Results from the Connected Care Accelerator Initiative. RAND Corporation. <https://doi.org/10.7249/rra1840-1>

SteelFisher, Gillian K., Caitlin L. McMurtry, Hannah Caporello, Keri M. Lubell, Lisa M. Koonin, Antonio J. Neri, Eran N. Ben-Porath et al. "Video Telemedicine experiences in COVID-19 were positive, but physicians and patients prefer in-person care for the future: study examines patient and physician opinion of Telemedicine experiences during COVID-19." *Health affairs* 42, no. 4 (2023): 575-584.

A Recurring Challenge

Congress has repeatedly faced deadlines on Medicare telehealth coverage since the end of the COVID-19 public health emergency (PHE) in May 2020 and implemented numerous short-term extensions. This cycle of temporary fixes has prevented sudden lapses in access but has left providers and beneficiaries with ongoing uncertainty.⁴

- **December 2022 extension:** In the [Consolidated Appropriations Act, 2023](#), Congress extended most PHE telehealth flexibilities for two years, through December 31, 2024. These included allowing beneficiaries to receive telehealth at home, continuing coverage for audio-only visits, delaying in-person requirements for telemental health, and authorizing FQHCs and RHCs as distant-site providers.
- **December 2024 stopgap:** With the 2024 deadline approaching, Congress passed the [American Relief Act](#), which provided a short-term extension until March 31, 2025. This three-month reprieve continued the existing flexibilities, but again left their long-term status unresolved.
- **March 2025 extension:** Congress again acted through the [Full-Year Continuing Appropriations and Extensions Act \(H.R. 1968\)](#), which temporarily extended the flexibilities to September 30, 2025. At the same time, lawmakers deferred more permanent decisions until later in the year.

Several efforts have sought a longer term or permanent extension. In 2024, the bipartisan *Preserving Telehealth*, [Hospital and Ambulance Access Act \(H.R. 8261\)](#) advanced out of the House Ways and Means Committee with a proposal to extend telehealth flexibilities for two years. Another measure, the [Telehealth Modernization Act \(H.R. 7623\)](#), originally aimed to make coverage permanent but was watered down to a two-year extension before stalling in committee. The [CONNECT for Health Act](#), bipartisan legislation reintroduced in both the House and Senate, has been seen as the most comprehensive telehealth bill in Congress. It would, in part, permanently remove geographic and originating site restrictions, expand distant-site eligibility for FQHCs and RHCs, and eliminate the in-person requirement for telemental health. Despite bipartisan support and support from hundreds of health care organizations, none of these permanent fixes have cleared Congress.

⁴ Mehrotra, A., & Perkins, J. (2025). Congress Can Unlock The Full Potential Of Telehealth Through A Permanent Fix | Health Affairs Forefront. *Health Affairs Forefront*. <https://doi.org/10.1377/forefront.20250303.724320>. In the Consolidated Appropriations Act of 2021, Congress permanently expanded telemedicine coverage for mental health treatment for all beneficiaries. Previously Congress had also permanently expanded coverage for stroke and substance use disorders.

The resulting pattern of stopgap extensions has created instability. Providers have been forced to plan staffing, technology investments, and patient outreach around the possibility that telehealth could disappear with little notice.⁵ Beneficiaries, particularly those who rely on telemental health and chronic disease management services, face uncertainty about whether they should schedule their next appointment as a telehealth visit with the possibility that starting in October 2025 telehealth may not be an option. This may undermine established patient clinician relationships.

What is at stake?

Telehealth Use Among Medicare Beneficiaries in 2025

Telehealth is no longer an emergency stopgap; it is a mainstream part of care delivery. In just the first half of 2025, our analyses of Medicare fee-for-service data show:

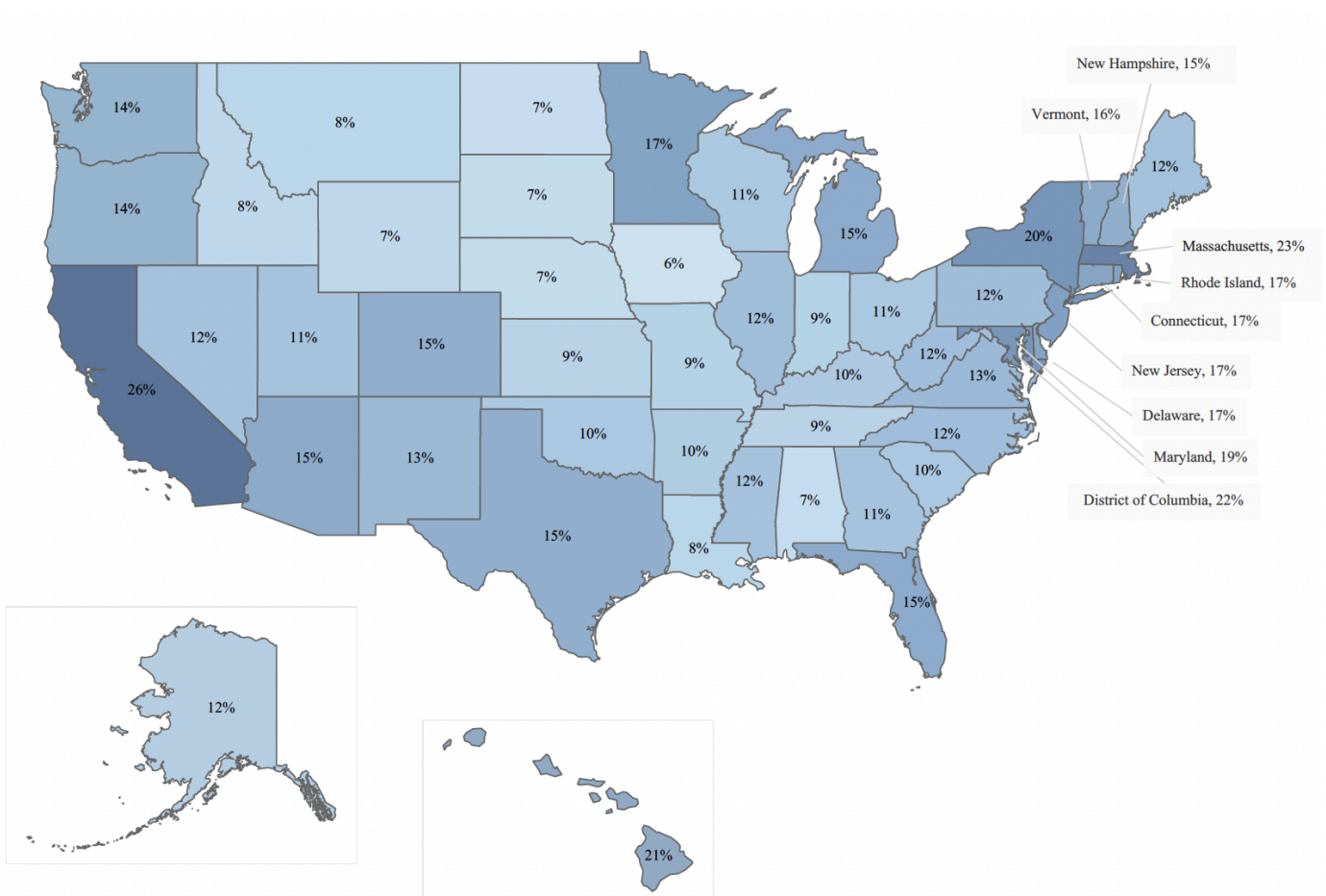
- 4,297,532 or 15% of all Medicare fee-for-service beneficiaries⁶ received a telehealth visit (audio-only or audio-visual). There was substantial use throughout the US though there is variation across states.(Figure)
- Those patients received 11,139,779 telehealth visits for a wide range of conditions. The most common conditions treated in these visits included mental health conditions (e.g., depression) and chronic medical conditions (e.g., diabetes, hypertension, chronic kidney disease)
- 469,487 different clinicians or 29.6% of all clinicians⁷ delivered one or more telehealth visits to a Medicare beneficiary. The common types of clinicians providing telehealth visits included primary care physicians, nurse practitioners, and mental health specialists (psychiatrists, social workers).

⁵Mehrotra, A., & Perkins, J. (2025). Congress Can Unlock The Full Potential Of Telehealth Through A Permanent Fix | Health Affairs Forefront. *Health Affairs Forefront*. <https://doi.org/10.1377/forefront.20250303.724320>

⁶ Denominator is beneficiaries with Part A and Part B during this period.

⁷ Denominator is clinicians who provided any evaluation and management visits during this 6 month period

Figure: Fraction of Medicare fee-for-service beneficiaries in the state who received a telehealth visit in the first half of 2025



Conclusion

With the September 30, 2025 deadline approaching, Medicare telehealth flexibilities are once again on the brink of expiration. Congress has stepped in repeatedly to avoid a collapse in access, but only through short-term extensions that perpetuate instability. The evidence from 2025 is clear: millions of beneficiaries across the country are using telehealth for a wide range of conditions.

Without congressional action, beneficiaries and providers alike face disruptions in access to care, loss of critical services, and wasted investments in telehealth infrastructure.