



Improving Behavioral Health From Afar

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The term “behavioral health” includes both mental health and substance use disorders. More than **1 in 5** U.S. adults—51.5 million— live with a mental illness. In addition, the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) estimates that 9.5 million adults have co-occurring mental health and substance use disorders (SUDs).

Many experience barriers to accessing treatment. Of these adults with co-occurring disorders, **more than 50%** did not receive treatment for either disorder and less than 10% received treatment for both. Barriers to treatment—such as proximity to services and behavioral health provider shortages, among others—may lead to increased adverse outcomes, especially for those living in rural and underserved communities.

Telebehavioral health is one strategy state policymakers may use as they **explore** ways to address gaps and increase access to essential behavioral health services. Such services can take many forms, such as treatment through video conferencing, provider-to-provider consultation and education, medication management and continuity of care.

How It Is Used:

Typically, telebehavioral health services are used primarily in **four settings**:

- **Hospital care:** Hospitals, including those in rural and underserved areas, can utilize behavioral health specialists located elsewhere to provide services to inpatients.
- **Integrated primary care:** Behavioral health care services can be offered in primary care settings via telehealth.
- **Mobile health applications or remote monitoring programs:** These applications can allow for remote, long-term management of behavioral health conditions and medications.
- **Direct-to-consumer services:** Patients, especially those in rural areas, can access behavioral health providers using telehealth applications from anywhere.

3 Things to Know:

- 1 More than 20% of adults have a mental illness** and many have limited access to treatment services.
- 2 All states have some form of reimbursement for mental health services delivered via telehealth**, although the policies vary widely in scope and specificity.
- 3 Some states now allow the patient’s home to be an originating site for behavioral health treatment**, increasing access to services.

Pros and Cons:

Proponents of telebehavioral health [cite](#) improved access to care in rural and underserved areas with little behavioral health resources and services, effective mental health treatment and improved medication adherence. However, opponents [argue](#) concerns still exist around infrastructure, privacy and crisis management, causing wariness among providers to dive into telebehavioral health.

State Actions

Changes in federal regulations have made it easier for behavioral health providers to offer services through telehealth, including the types of providers and services provided. States can adopt these changes and other policy options, like expanding the kinds of providers that can participate in telehealth or requiring insurance providers and other payers to cover telehealth services, to improve access to telebehavioral health services. For example:



[Louisiana](#) expanded the types of health providers who can perform telepsychiatric evaluations to include psychiatric mental health nurses as long as certain requirements, including that an examination take place over videoconferencing, are met.



[Oregon](#) requires its Medicaid program to provide coverage for telebehavioral health services to the same extent that those services would be covered if they were provided in-person.

State laws also govern a provider's authority to prescribe medications electronically, including provider board rules and regulations that set the standard of care for prescribing. Some states require real-time telehealth interactions before a provider can write prescriptions. However, there are many exceptions to these policies, including medication-assisted therapy (MAT) designed to address the opioid epidemic. MAT uses medications (e.g., buprenorphine, methadone, etc.) together with counseling for the treatment of substance use disorders. Many state policies allow remote prescribing of MAT without an initial in-person office visit or without recurring in-person office visits to authorize refills. For example:



[Indiana](#) allows electronic prescribing of buprenorphine if it is used to treat or manage opioid dependence.



[Vermont](#) allows certain health professionals to renew a patient's existing buprenorphine prescription without requiring an office visit.

A note about this brief: Although the COVID-19 pandemic ushered in a wave of new policies relating to telebehavioral health, many of these actions are temporary. State counts listed throughout this brief only include permanent laws and regulations. Please refer to the Telehealth, COVID-19 and Looking Ahead brief for more information.

About the Telehealth Explainer Series

As state leaders seek to capitalize on the potential for telehealth to support the health care workforce and improve access to care, a number of state policy issues may arise. This new series of explainer briefs addresses six aspects of telehealth to better inform policymaking for state lawmakers.

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