

Fix Inequities in Telehealth Policy for Community Health Centers *Enact A.1691 (Paulin)/S.3359 (Rivera)*

New York's telehealth statute disproportionately harms community health centers (CHCs) and needs to change.

- The Department of Health (DOH) interpretation of current statutory language has resulted in CHCs receiving just **one-third** of their standard bundled reimbursement rate when both the patient and provider are offsite.
- This payment differential does not exist for other providers that receive a bundled rate (i.e., those licensed under Mental Health Law Articles 31 and 32).

Per CHCANYS' 2024 survey of CHCs, the current telehealth statute has reduced access to care:

- Lower payments have made many CHCs unable to sustain the provision of telehealth services, consequently reducing patient access to services.
- CHCs have been forced to call providers back into the clinic space. This has resulted in tremendous staff loss and challenges with recruiting.
 - Providers can leave the CHC to find remote work flexibility at other health care organizations (many of which do not accept Medicaid patients).
 - The impact is most severe in behavioral health care, where telehealth has proven to reduce no-show rates and improve continuity of care for patients. Many patients prefer having the choice and flexibility of receiving care from home, which not only addresses barriers like childcare and transportation but also ensures they can more reliably access the care they need.¹
- An estimated 91% of behavioral health telehealth appointments now have providers onsite to conduct virtual visits, creating space limitations within the clinic and preventing the ability to provide other needed in-person services.

Enacting Health Center Telehealth Pay Parity (A.1691 (Paulin)/S.3359 (Rivera)) will:

1. Provide full reimbursement parity, regardless of patient or provider location, for all telehealth modalities (in-person, audio-only, and audio-visual) delivered at CHCs;
2. Extend the same payment policies applied to Mental Health Law Article 31 and 32 licensed clinics to CHCs licensed under Article 28 of the public health law; and
3. Enable CHCs to better recruit and retain providers.

Impact

- The fiscal cost to the state is minimal – just \$4.3M -- but the impact of full telehealth parity would be immediate and far-reaching, expanding access to behavioral health care, reducing provider burnout, and supporting workforce retention while maintaining patients' rights to be served in a way to best suit their needs, whether in person or remote.

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2830111>