



MEMORANDUM IN SUPPORT
S.5505 (Rivera)/A.6256 (Woerner)

This bill would provide for payment parity between the delivery of health care services via telehealth and in-person.

The NYS Council for Community Behavioral Healthcare, representing 100 behavioral health (mental health and substance use disorder/ addiction) prevention, treatment, and recovery organizations across New York, **strongly supports this legislation, S.5505 (Rivera)/A.6256 (Woerner)**. This bill would provide for payment parity between the delivery of health care services via telehealth and in-person.

Prior to the COVID-19 pandemic, poor reimbursement, complex regulatory structures, rigorous technology requirements, and limits on who could provide telehealth visits to which patients under what conditions led to modest telehealth penetration into safety net service delivery.¹ However, regulatory flexibilities that increased reimbursement for remote services and allowed for reimbursement for telephonic care quickly improved access.

Telehealth has shown great potential in expanding and ensuring access to behavioral health and primary care. In rural communities where there is no public transportation and the Medicaid cab system is dysfunctional, lack of transportation continues to be a barrier to accessing face-to-face treatment. Urban areas also face transportation challenges and a reluctance to utilize public transportation will likely outlast the public health emergency. Throughout the State, child-care and work-related difficulties also create barriers to accessing consistent mental health and primary care services. These types of barriers delay care and increase costs to the Medicaid system, because patients' symptoms may worsen to the point where hospital-based services are needed.¹

Telehealth is an important aspect of holistic person-centered care that must remain available for the tens of thousands of individuals who receive services through the public mental hygiene system as well as for private health plan beneficiaries.

Specifically, this legislation:

1. Requires payment parity for telehealth services to ensure that this modality is valued at the same rate as in-person care. Failure to reimburse telephonic visits on par with in-person visits will reduce access to and continuity of care for some populations, potentially exacerbating existing health inequities. Payment parity is fundamental to our commitment to reducing health disparities throughout the healthcare delivery system.

2. Extends payment parity beyond Medicaid. In order to achieve true equity in health care access, New York must require that payment parity occurs across all lines of business. Without this guarantee, providers will not have the financial capabilities to address major increases in demand for care that are expected in the wake of the COVID-19 pandemic.
3. Prohibits "client steering" and other access restrictions. This legislation requires insurers to cover patients' preferred telehealth providers in the same way the provider would be covered for an in-person visit - a critical protection for the individuals we serve. Further, the bill also clarifies that patients qualify for telehealth services without an initial in-person visit, unless the provider determines it is clinically necessary.

The NYS Council believes that telehealth services should be one “tool” among many in the health care toolbox. It empowers collaboration and communication between care recipients and providers to determine when a remote care visit best suits a care recipient’s health and lifestyle needs. **This bill, S.5505 (Rivera)/ A.6256 (Woerner) will ensure that access and therefore we strongly urge its enactment.**

¹ *Ensuring Sustained Access to Telehealth in the Post-Pandemic Period*, http://nyscouncil.org/wp-content/uploads/2021/02/NYS-Council_CHCANYS-Telehealth-paper-1.pdf