



Ensure Telehealth Payment Parity for Community Health Centers

Include CHC Telehealth Payment Parity (A.7316 Paulin/S.6733 Rivera) in Legislative One House Budgets

Community health centers (CHCs) are disproportionately harmed by NY's current telehealth policy.

- Per Medicaid's interpretation of current statutory language, CHCs receive just **one-third** of their in-person reimbursement rate when both the patient and provider are offsite.
- This payment differential does not exist for other providers paid similarly to CHCs, i.e., those licensed under Mental Health Law Articles 31 and 32.
- It is cost prohibitive to allow staff to continue working remotely, leading many CHCs to call providers back into the clinic space.
- This has resulted in tremendous staff loss and challenges recruiting, since providers can leave the CHC to find remote work flexibility at other health care sites.
- The challenge is especially acute in the CHC behavioral health setting, as patients continue to prefer to receive care via telehealth from the comfort of their own home.

Lower payments have limited access to care and increased inequities. According to a 2023 CHCANYS survey of CHCs:

- Lower payments have made many CHCs unable to sustain provision of telehealth services, consequently reducing patient access to services, especially for patients that experience barriers to in person care, such as lack of childcare or transportation.
- In 2023, on average 40% of behavioral health visits at CHCs were provided via telehealth – down from 50% in 2022 – and only 16% of those behavioral health visits occurred when both patient and provider are offsite – down from 45% in 2022.
- CHCs reported medical visits comprised 1-35% of all remote visits, with one health center reporting no medical visits were performed via telehealth.
- 62% of CHCs that conducted medical telehealth visits said none of them were performed with both patient and provider offsite. 17% of CHCs reported 1-4% of medical telehealth visits were performed with both patient and provider offsite.

A.7316 Paulin/S.6733 Rivera will:

- Bring CHCs, all licensed under Article 28 of the public health law, under the same payment policy as Article 31 and 32 licensed clinics;
- Provide full reimbursement parity, regardless of patient or provider location, for in-person, audio-only, and audio-visual telehealth delivered at CHCs; and
- Allow CHCs to provide comprehensive access to services pursuant to the modality patients prefer while maintaining the ability to recruit and retain providers.