



## MEMORANDUM OF SUPPORT

### Telehealth Parity

A.6256 (Woerner)/S.5505 (Rivera)

May 2, 2022

The Community Health Care Association of New York State (CHCANYS) strongly supports A.6256 (Woerner)/S.5505 (Rivera) which would provide for payment parity between the delivery of health care services via telehealth and in-person.

CHCANYS is the statewide association of New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs). Community health centers operate in low-income and medically underserved communities, providing a full range of primary and preventive health care and enabling services for more than 2.1 million patients at over 800 sites, regardless of insurance, immigration status, or ability to pay. Among CHC patients, 90% are low-income, 68% identify as Black, Hispanic/Latinx or other people of color, 13% are uninsured, and 59% are enrolled in Medicaid or Child Health Plus.

Telehealth has proven to be a critical access point to health care for many low-income and underserved communities over the course of the pandemic. Remote care has decreased barriers that would usually inhibit the ability to visit a provider, like lack of transportation, childcare issues, or time off from work. Today, about 25% of visits at CHCs occur via telehealth (audio visual or telephonic).

To ensure community health centers can continue to provide remote care, payment parity regardless of modality and patient or provider location is essential. Community health centers serve a high-risk and high-need population, and proper reimbursement is vital to ensuring they can keep their doors open. Providers have reported that telephonic visits take the same amount of time as audio-visual visits, and many times the decision to "see" a patient via audio-visual applications is not a decision at all, but rather is driven by the patient's ability to obtain access to the proper technology and supports needed that are not necessary for a telephone visit.

Remote care has also aided in the recruitment and retention of healthcare workforce, especially at a time when CHCs across the State are experiencing workforce shortages. Community health centers continue to report that the ability to offer remote working options to their providers has increased their ability to recruit new providers who, without that option, would not be interested in working for the CHC. This is especially true for behavioral health providers, which is one of the hardest to recruit specialties for CHCs around the State. Additionally, remote care has the potential to reduce health disparities by increasing access to multilingual and culturally responsive providers.

**We urge the New York State Legislature to take swift action on A.6256 (Woerner)/S.5505 (Rivera) to ensure that community health centers can continue to provide robust access to remote care.** A.6256 (Woerner)/S.5505 (Rivera) allows patients and providers to treat remote care as one "tool" among many in the healthcare toolbox. Furthermore, it empowers collaboration and communication between patients and providers to determine when a remote care visit best suits a patient's needs.

For questions, please contact Marie Mongeon, Senior Director of Policy, at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).