

Telehealth Payment Parity is Crucial to Expanding Access to Care

New Bill Would End Discriminatory Practice of Paying Community Health Centers Lower Reimbursement Rate for Offsite Visits

Telehealth payment parity regardless of modality and patient or provider location is crucial to sustaining telehealth. However, effective May 11, 2023, New York will reduce reimbursement for when both patient and provider are offsite. The results will be dire:

- 65.5% of current community health center (CHC) behavioral health providers will leave for jobs that allow them to continue to work remotely, limiting patients' access to care;
- 78.2% of CHCs said it will be difficult to hire new providers because available candidates want to work from home;
- 78.2% of CHCs said the number of behavioral health visits their CHCs could accommodate will be reduced – on average, CHCs reported that behavioral visits will be reduced by 28.3%; and
- 61.8% of CHCs will delay expansion, curtail, or further reduce behavioral health.

Telehealth is a cornerstone of healthcare – empowering patients to select the visit type that best suits their needs on a given day or for a given condition.

- Remote care decreases barriers that can inhibit the ability to visit a provider, such as lack of transportation, childcare issues, or time off from work;
- Community health centers report fewer no shows for remote visits, especially for behavioral health visits;
- 50% of behavioral health visits at health centers occur via telehealth (audio visual or telephonic) and 45% of behavioral health visits occur when both patient and provider are offsite; and
- 12.1% of medical visits are conducted via telehealth and 20.8% of medical telehealth visits occur when the patient and provider are both offsite.

CHCANYS strongly recommends the New York State Legislature to pass A.7316 (Paulin)/S.6733 (Rivera) which:

- Brings CHCs, all licensed under Article 28 of the public health law, under the same payment policy as Article 31 and 32 licensed clinics while eliminating the current discriminatory reimbursement practices;
- Provides full reimbursement parity, regardless of patient or provider location, for in person, audio-only and audio-visual telehealth delivered at CHCs; and
- Allows CHCs to receive their full APG or full PPS rate for all audiovisual and audio only telehealth visits just as they would for in person services, regardless of patient or provider location.