COMMUNITY HEALTH CARE ASSOCIATION of New York State
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NYS COMMUNITY HEALTH CENTERS FACTS 2026

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

New York's telehealth statute creates an inequitable regulatory framework that harms community health centers (CHCs).

- 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' 2025 survey of CHCs, the current telehealth statute has reduced access to care:

- Reduced reimbursement rates have rendered telehealth services financially unsustainable for many CHCs, resulting in diminished patient access.
- CHCs have been forced to call providers back into the clinic space. Mandated returns to in-person practice have driven considerable provider turnover at CHCs and undermined recruitment efforts.
    - 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]

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 in order to maintain a sustainable workforce.

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