



Memo in Support of A.10404/S.8416

The Coalition for Behavioral Health is strongly in support of A.10404/S.8416, which would include audio-only telehealth in the definition of telehealth and make these services eligible for reimbursement. The COVID-19 pandemic has shown that audio-only telehealth (telephonic) services are a critical support to individuals. Telephonic services must be available to individuals on an ongoing basis after the disaster emergency has ended.

The Coalition for Behavioral Health represents over 100 community-based behavioral health organizations, who collectively serve more than 600,000 New Yorkers annually with mental health and substance use issues. When the disaster emergency hit, few services were being provided by telehealth. However, with the substantial regulatory flexibility and the need to keep staff and clients safe, the vast majority of services quickly transitioned to telehealth when the disaster emergency was declared.

Telephonic services increase the ability to serve individuals who are not able to use audio-video equipment and individuals who prefer the telephone to audio-video equipment. When programs transitioned to telehealth, many providers found that some clients lacked access to appropriate devices, did not have sufficient internet connections, and lacked the technological literacy to use audio-video telehealth. These clients have been served successfully through telephonic services for several months now. Reports from clients show that these services are not just maintaining their care during a disaster but are in fact improving care for many clients. A sample of the feedback from clients on the benefits of phone sessions includes:

- “Being on the phone allowed me to come out of my shell and I would not have done that in a live group.”
- “I feel I am being heard and I appreciate the privacy.”
- “For me, this works very well. I don't get distracted by someone in the class who is sitting too close to me.”
- “I don't like to speak up in groups when we are in the building, but I open up on the phone.”
- “The phone groups are very helpful to me and I can express myself better on the phone.”
- “The weekly phone support group that I participate in reinforces my strength to cope.”
- “I am able to lessen my anxiety, since I have sessions on the phone, and she listens to my fears, and offers recommendations to feel more in control. For me, the weekly sessions are essential to my getting through the week.”

Providers also report clear advantages to telephonic sessions, including increases in client show rates of 5-10%, as compared to before the emergency regulations went into place. Homebound clients can be served much more readily.

Providers also report clear equity concerns if audio-only telehealth were to be discontinued following the pandemic. Audio-only services are most beneficial to clients who are typically more marginalized and vulnerable, including older adults, individuals with a history of incarceration and criminal justice involvement, those without technological literacy, and very low-income individuals who simply cannot afford devices and ongoing service for audio-video telehealth. Telehealth should not only be available to those who can access audio-video services. To ensure telehealth is available to all, telephonic services must be covered.

Telephonic services offer clear benefits that simply cannot be achieved through audio-video telehealth. We encourage the Governor to sign A.10404/S.8416 and ensure these critical supports are permanently available to New Yorkers.