



## **Memo in Support of A.10723/S.8785**

The Coalition for Behavioral Health is strongly in support of A.10723 (Rosenthal)/S.8785 (Harckham), which would require the reimbursement of health care providers at the same rate for telehealth visits as in-person visits. Telehealth services are beneficial to providers and clients in myriad ways and provide equivalent service to in-person and should therefore be reimbursed at an equal rate.

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. Due to the COVID-19 pandemic, many behavioral health services were transitioned to telehealth overnight. While providers look forward to bring clients back in-person when it is safe to do so, many have also found that telehealth provides substantial benefits to both clients and providers. Clients face fewer barriers to accessing care, no longer having to plan around buses, traffic and delayed trains to get to appointments. Childcare is less of an issue, as children can play in the same apartment the client is in during their appointment. Telehealth has reduced the need to take time off from work, because the client only needs time off for the actual appointment, and not for travel to and from the appointment.

For the provider, telehealth has increased efficiency among many staff who are in high demand and previously traveled between clinics. These staff can now use what had been travel time for clinical services. Providers have been able to high more in-demand staff and staff who speak languages other than English, because they can higher from a greater geographic area than simply those who live within commuting distance of their clinic. For clients and providers, it's critical that telehealth remain a fiscally viable service after the end of the disaster emergency.

Telehealth provides many benefits, but it is not free. Providers have purchased devices for staff and clients, provided reimbursement for data plans and wifi, and have upgraded their digital and security infrastructure to support remote work. Most of these are not one-time investments, but rather costs that will continue on an on-going basis. Providers are also instituting new protocols and procedures to manage staff report and oversee care to ensure the same quality standards are met via telehealth as in-person.

If the rate for telehealth is lower than the rate for the same service provided in-person, telehealth will not be a fiscally viable service, and providers will have to stop offering it. This will lead to clients having less access to care and to in-demand clinicians, resulting in a lower quality of care

than when telehealth and in-person services are both available. We urge the Legislature to pass A.10723/S.8785, which will ensure telehealth services remain available.