



The Honorable Andrew M. Cuomo
Governor of New York State
NY State Capitol Building
Albany, NY 12224

Dear Governor Cuomo,

Throughout the pandemic, you have recognized the fundamental changes in the use of technology that the move to a mostly virtual world has created. We appreciate your work, including the creation of a Blue Ribbon Commission, to think about how to incorporate these new developments going forward in a planned manner. We also commend your ongoing leadership in highlighting the mental health and substance use challenges that the COVID-19 pandemic has created, and your openness in speaking about how many individuals need help right now and need to be checked in on.

Our organizations are the umbrella organizations for New York's behavioral health community. We represent over 250 mental health and substance use providers, who collectively serve one million New Yorkers annually. Our members, who had previously provided limited telehealth, if any, moved services to telehealth overnight at the start of the pandemic. We quickly worked to support our members in this new method of service delivery. For example, The Coalition for Behavioral Health started a telehealth workgroup, added telehealth components to existing trainings, and developed new trainings to ensure the evidence-based practice of telehealth.

None of this would have been possible without the work of your administration, particularly OMH and OASAS, to put in place appropriate emergency regulations to allow telehealth. We want to highlight certain emergency provisions that provide the basis for ongoing virtual care for individuals with behavioral health diagnoses. These changes provide necessary regulatory flexibility for providers without increasing costs for the state. It is critical for these to be continued in a permanent and planned manner. Telehealth should continue permanently due to the significant benefits it has for both clients and providers, making it easier for clients to attend appointments (no need to travel, find childcare, or take time off from work) and for providers to efficiently allocate staff time (staff with particular specialties and language skills don't have to travel between program sites).

We ask that the following telehealth flexibilities be made permanent, including:

- making both audio-video and audio-only services available and covered at the same rate as services offered in-person
- ensuring site flexibility for clients and service providers (in homes, etc.)

- any individual able to bill for an in-person service should be able to bill for the same service via telehealth (including peers); and allowing NYS licensed providers who qualify to work in OMH and/or OASAS programs and who live outside of NYS to continue to conduct these sessions from their home.

We also ask that any mental health or substance use service that would be covered for an individual who only has Medicaid be covered for individuals with both Medicare and Medicaid (dual-eligibles), including cases where Medicare does not cover these services. Additionally, we ask that providers be able to bill for providing technical literacy trainings and reimbursed for the purchase of devices, phones and internet service for clients.

These recommendations will ensure that telehealth is able to continue in an equitable fashion in the state. Providing telehealth rate parity, as well as covering technical literacy training and device reimbursement, will safeguard against the digital divide becoming a social determinant of health.

Sincerely,

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