



Memo in Support of S5505/A6256

The Coalition for Behavioral Health is strongly in support of S5505(Rivera)/A6256(Woerner) which would provide for payment parity between the delivery of health care services via telehealth and services delivered in a traditional in-person environment. 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. Our members have resumed many in-person services, but have also learned throughout the pandemic how effective telehealth can be. Clients are able to attend appointments at higher rates because telehealth reduces barriers to care including transportation and childcare. For many clients, telehealth is actually better care. Some clients find it far easier to open up to a provider over the phone, or via a video visit, than in person. This is particularly true for certain marginalized populations, including individuals with long histories of incarceration, who are much more comfortable with phone counseling than in-person. Clients no longer miss appointments due to inclement weather or for minor illnesses.

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 hire more in-demand staff and staff who speak languages other than English, because they can hire 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. The greatest cost for any service is staff, which is typically 85-90% of the cost for a service. This, of course, does not change whether the service is in-person or via telehealth. Additionally, while telehealth means that clients do not need to travel to the office, many staff still need appropriate office space. Our members have brought many staff into the office, because these spaces are necessary to ensure a private, quiet environment from which to provide telehealth. Most staff at member agencies do not have space in their homes to conduct telehealth for the long-term, and created makeshift private spaces during the pandemic that cannot be continued, such as using closets for sessions.

Telehealth also has significant technology costs, many of which are ongoing. Providers purchase devices for clients and pay for service plans on an ongoing basis. Providers have also dedicated staff time to educating clients about how to use telehealth. For many clients, this is an ongoing process where they need to be repeatedly walked through the process of accessing a telehealth visit. Providers will continue to need to pay increased costs for HIPAA-compliant telehealth portals, which generally have a higher monthly cost than non-HIPAA compliant software. Additionally, members pay for integration between their electronic health record (EHR) and their telehealth portal. This requires an initial investment as well as significant ongoing costs. Integration often needs to be updated any time the EHR or telehealth portal has a software update, so this is not a static, one-time process. These are just some of the costs of providing service via telehealth.

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 S5505/A6256, which will ensure telehealth services remain available.