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# MEMORANDUM IN OPPOSITION

**FOR IMMEDIATE RELEASE: FEBRUARY 28, 2021**

**A.645-A (Rosenthal) / S.2998-A (Harckham) – AN ACT to amend the public health law, in relation to making certified peer recovery advocate telehealth services and credentialed family peer advocates eligible for reimbursement**

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This legislation, A.645-A/S.2998-A, would require health plans to cover telehealth services provided by peer recovery advocates. While the New York Health Plan Association (HPA) supports the use of telehealth and telemedicine services, and the use of peer recovery advocate services, we are opposed to adding additional services to telehealth coverage until the state is able to develop meaningful standards for the appropriate use of this rapidly evolving technology.

Health plans recognize the important role that telehealth has played to ensure that members are able to access the care they need during the current pandemic and its promise in making health care more efficient. However, before telehealth is expanded to include additional services, the state must work with stakeholders to develop thoughtful standards to assure that services delivered are appropriate for telehealth, utilized efficiently, provided in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA), and structured so that outcomes can be measured and reimbursed at a level that reflects the cost effectiveness of the service delivery. The inclusion of telehealth reforms in Part F of the Governor's FY22 budget proposal (A.3007-A/S.2507-A) is an important first step toward expanding access to this important technology, and we urge the legislature to adopt this provision before taking further action to regulate telehealth services.

The use of technology in other industries has ultimately benefitted consumers through greater productivity, increased efficiency and lower costs, and health plans had been making telemedicine services available well-before COVID-19. Telehealth has helped to make it easier for providers to collaborate with each other, improve access to services and make the system more efficient. All Medicaid managed care plans have reported that use of telehealth for behavioral health services has been beneficial in helping maintain access to services and keeping members progressing toward their goals during the COVID-10 emergency. However, plans have also indicated that individuals and families of children receiving such services are anxious to return to face-to-face home and community based services (HCBS). HCBS are designed to be delivered in the home and community because the positive outcomes are proven. While plans believe that telehealth is a helpful mode of service delivery, it is important that the state develop reasonable standards for its use before further expansion of services.

For all these reasons, HPA opposes A.645-A/S.2998-A.

*The New York Health Plan Association represents 28 managed care health plans that provide comprehensive health care services to more than 8 million New Yorkers.*