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# MEMORANDUM IN OPPOSITION

**FOR IMMEDIATE RELEASE:** MAY 8, 2021

S.5505 (Rivera) / A.6256 (Woerner) - An act to amend the public health law in relation to the delivery of health care services via telehealth

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This legislation, S.5505/A.6256, would require telehealth visits to be reimbursed at the same rate as an in person visit for any services provided via telehealth. While the New York Health Plan Association (HPA) supports the use of telehealth and telemedicine services, we are opposed to mandating specific reimbursement levels into statute, particularly when there is not a face-to-face visit between a patient and provider.

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, requiring the same reimbursement level as an in-office visit, even when both the patient and provider are in a clinical setting, would eliminate any potential savings for individuals and employers.

Health plans offered telehealth services long before the pandemic in an effort to expand access to services and make it more convenient for insureds to communicate with their health care providers in situations where an in-person visit is unnecessary. During the public health emergency, plans worked diligently to expand access to telehealth services, and have reported that those services helped members maintain access to services during the pandemic. However, not all telehealth visits are the same and it is premature to conclude that every telehealth visit should be reimbursed at the same level as an in-person visit. Plans and providers need time to review what worked and what didn't during the pandemic, and establish parameters around appropriate use of and reimbursement for telehealth. Moreover, imposing mandated reimbursement levels for telehealth is contrary to efforts to move the delivery system away from a fee-for-service based structure that rewards volume and toward a value-based system that rewards providers who demonstrate improved outcomes. The expansion of telehealth must be viewed as an opportunity to provide appropriate services in a more cost effective manner – not as a revenue maximizing opportunity for providers, which could incentivize unnecessary care and services.

The use of technology in other industries has ultimately benefitted consumers through greater productivity, increased efficiency and lower costs. Telehealth has helped to make it easier for providers to collaborate with each other, improve access to services, and make the system more efficient. These benefits should be passed on to employers and consumers in the form of lower health care costs. Mandating the same level of reimbursement is counter to these goals and will keep consumers from realizing the full promise of telemedicine.

Reimbursement rates should be negotiated, not dictated in statute. If the goal is to incentivize physicians to expand their practices to underserved communities and increase access to health care, the focus should be on addressing the barriers to telehealth, specifically the lack of access to broadband and ensuring patients are comfortable with the technology and have the knowledge to use it. Mandating specific reimbursement rates does nothing to address those challenges and only further increases the cost of coverage. At a time when employers and consumers are struggling with the high cost of health care, this legislation will limit the potential benefits of telehealth in making health care more affordable.

For all these reasons, HPA opposes S.5505/A.6256.