



Legislation Details (With Text)

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Title:	Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.6733/A.7316, legislation that enables community health centers to be fully reimbursed for telehealth care services.				
Sponsors:	Tiffany Cabán, Pierina Ana Sanchez, Shahana K. Hanif, Alexa Avilés, Gale A. Brewer, Sandy Nurse, Lynn C. Schulman, Jennifer Gutiérrez, Amanda Fariás, Kevin C. Riley, Nantasha M. Williams, Crystal Hudson				
Indexes:					
Attachments:	1. Res. No. 64, 2. February 28, 2024 - Stated Meeting Agenda, 3. Hearing Transcript - Stated Meeting 2-28-24				

Date	Ver.	Action By	Action	Result
2/28/2024	*	City Council	Introduced by Council	
2/28/2024	*	City Council	Referred to Comm by Council	

Res. No. 64

Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.6733/A.7316, legislation that enables community health centers to be fully reimbursed for telehealth care services.

By Council Members Cabán, Sanchez, Hanif, Avilés, Brewer, Nurse, Schulman, Gutiérrez, Fariás, Riley, Williams and Hudson

Whereas, Amidst the unprecedented challenges posed by the COVID-19 pandemic, telehealth services through Federally Qualified Health Centers (FQHCs), also commonly known as Community Health Centers (CHCs) became a preeminent means of medical care for vulnerable New Yorkers; and

Whereas, Under the Federal Covid-19 Public Health Emergency, CHCs covered under the New York State (NYS) mental hygiene law such as hospitals and nursing homes (Article 28), emergency medical services (Article 30), and outpatient mental health licensed facilities for mentally disabled (Article 31), chemical dependence, and gambling (Article 32), qualified to receive full reimbursement for conducting services via telehealth; and

Whereas, During the pandemic, the Center for Medicare and Medicaid Services (CMS) reported a staggering 2,745% surge in telehealth services when compared to the pre-pandemic figures; and

Whereas, Both the fear of being exposed to COVID-19 and the need to receive timely and critical emergency care contributed to the expansion of services; and

Whereas, Although telehealth has slightly declined subsequent to the peak of the pandemic, many New Yorkers are still utilizing remote services today; and

Whereas, The valuable benefits of telehealth extend far beyond health concerns relating to the pandemic, giving individuals with limited transportation options, childcare obligations, or the inability to take time off from work, a chance to receive proper and timely healthcare; and

Whereas, Notably, CHCs in NYS have observed a reduction in "no-show" rates for telehealth appointments, particularly in the realm of behavioral health visits; and

Whereas, The approximately 1,296 CHCs in New York City (NYC) are strategically located in underprivileged areas, serving as a means of accessible and cost-effective healthcare services for individuals regardless of their income level, immigration status, or insurance coverage; and

Whereas, The patient population at CHCs includes 89% who are low-income, 68% Black, Hispanic/Latinx, or other people of color, 13% uninsured, and 59% who are enrolled in Medicaid or Child Health Plus; and

Whereas, These patient demographics encounter disproportional health challenges due to systemic inequities that perpetuate health disparities, which have been exacerbated by the COVID-19 pandemic; and

Whereas, However, despite their vital role in providing care to the most vulnerable New Yorkers, CHCs operating under the Article 28 license (hospitals and nursing homes) are charged facility fees even when both the patient and the provider are situated outside the physical CHC facility, per NYS public health law related to commercial Medicaid reimbursement provided via telehealth; and

Whereas, Clinics governed by mental hygiene law Article 31 and 32, operating under Ambulatory

Patient Groups, are exempt from facility fee restrictions, enabling fair reimbursement for telehealth services regardless of location; and

Whereas, A recent revision by the NYS Department of Health dictates that, as of the conclusion of the Federal Covid-19 Public Health Emergency on May 11, 2023, commercial and Medicaid services provided via telehealth will be reimbursed at a one-third rate of in-person services, forcing CHCs to further limit telehealth medical visits, amplifying inequities in the healthcare system; and

Whereas, In response, New York State Senator Gustavo Rivera and New York State Assemblywoman Amy Paulin introduced S.6733/A.7316, which would amend the public health law to allow CHCs under Article 28 license to receive full reimbursement for telehealth services, independent of the geographical location of both patient and provider by removing any facility fee, similar to Article 31 and 32 licensed facilities, which are exempt from facility fees; and

Whereas, On June 12, 2023, the Committee on Health and the Committee on Women and Gender Equity held a hearing on transgender rights and services at hospitals where Callen Lorde Community Health Center, which provides an affirming environment for patients seeking culturally competent care, testified to the importance in supporting S.6733/A.7316; and

Whereas, According to Callen Lorde, at the height of the pandemic, 90-95% of their behavioral health visits were completed via telehealth, safeguarding critical health care access to the LGBTQ, Black, Indigenous, and People of Color (BIPOC) Medicaid beneficiaries; and

Whereas, To ensure the financial stability of CHCs and safeguard access to indispensable healthcare services while advancing health equity for New Yorkers, CHCs should be fully reimbursed through Medicaid for providing quality telehealth services in New York; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass, and the Governor to sign, S.6733/A.7316, legislation that enables community health centers to be fully reimbursed for telehealth care services.

Session 13
LS #13724
01/24/2024

Session 12
LS # 13724
8/29/2023
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