



Legislation Text

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Res. No. 64-B

Resolution calling upon the New York State Legislature to pass, and the Governor to sign, S.3359/A.1691, 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, Farías, Riley, Williams, Hudson, Louis and Zhuang

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, According to the U.S. Department of Health and Human Services' (HHS) *HealthCare.gov* website, a CHC is a federally funded nonprofit health center or clinic that serves medically underserved areas or populations, and provides primary care services regardless of a patient's ability to pay; and

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

Whereas, During the COVID-19 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, According to an article published in the Journal of Obstetric, Gynecologic, and Neonatal Nursing in 2023, the range and use of telehealth technologies in the prenatal and postpartum periods specifically have exploded since the COVID-19 pandemic; and

Whereas, HHS promotes the usage of telehealth services for maternal health, stating that it can reduce disparities in maternal health for rural and minority communities, support individuals facing a high-risk pregnancy, aid in postpartum care, and assist providers in caring for pregnant and postpartum individuals' mental health; and

Whereas, Although rates of telehealth usage have slightly declined since the peak of the pandemic, many New Yorkers are still utilizing remote services today as 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, According to the Community Health Care Association of New York, CHCs in New York State serve more than 2.4 million people across nearly 900 sites, of which a large portion are in New York City (NYC), with 71% of CHC patients living at or below the poverty line; 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 outcome disparities; and

Whereas, However, despite their vital role in providing care to the most vulnerable New Yorkers, CHCs operating under an 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; and

Whereas, Clinics governed by Mental Hygiene Law Article 31 and 32, operating under Ambulatory Patient Groups, are not required to pay a facility fee, enabling fair reimbursement for telehealth services regardless of location; and

Whereas, A revision by the NYS Department of Health dictated 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 one-third the rate at which in-person services are reimbursed, forcing CHCs to further limit telehealth services, amplifying inequities in the healthcare system; and

Whereas, In response, New York State Senator Gustavo Rivera and New York State Assembly Member Amy Paulin introduced S.3359/A.1691, which would amend the Public Health Law to allow CHCs under an 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, 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.3359/A.1691, legislation that enables community health centers to be fully reimbursed for telehealth care services.

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