

**American College of Obstetricians and Gynecologists (ACOG), District II**  
**Medical Society of the State of New York**  
**New York Chapter American College of Physicians**  
**New York State Academy of Family Physicians**  
**New York State American Academy of Pediatrics, Chapters 1, 2 & 3**  
**New York State Chapter American College of Cardiology**  
**New York State Neurological Society (NYSNS)**  
**New York State Ophthalmological Society**  
**New York State Psychiatric Association**  
**New York State Radiologic Society**  
**New York State Society of Anesthesiologists, Inc.**  
**New York State Society of Orthopaedic Surgeons, Inc.**  
**New York State Society of Otolaryngology – Head and Neck Surgery**  
**New York State Society of Plastic Surgery, Inc.**  
**The New York Occupational and Environmental Medical Association (NYOEMA)**

As the leading physician organizations in the state, we write to underscore the need for more robust telehealth policies in the wake of the COVID-19 pandemic. The pandemic put into sharp focus the shortcomings within our health system, emphasized the continued disparities in access to care and health outcomes, and exposed the limitations of current telehealth policies. Swift action is needed to ensure telehealth services are available to all New Yorkers who need it, based on a physician directive and shared patient/physician decision making, and is reimbursed at a level that ensures physicians can sustain the practice in the long-term.

The first wave of the COVID-19 pandemic forced many health care practices to operationalize telemedicine in a way that had not previously been done to meet patient care needs safely. The Department of Financial Services (DFS) and the Department of Health (DOH) instituted very important emergency rules that offered more flexible policies to ensure patients could access telehealth services. As we enter into a new surge of COVID-19 infections across the state, and importantly, a new paradigm in providing patient-centered care, these policies must be made permanent to ensure patient access to services in the future and that we continue to have a robust physician workforce able to meet the demand in their communities.

To better guide discussions on telehealth policy recommendations, we have collaborated to outline key guiding principles needed to reform the delivery of telehealth in the state:

**1. Payment Parity to Facilitate Equitable Access**

**a. Reimburse telehealth services equal to office visits**

In order to more fully ensure that physicians and other healthcare providers can meet patient demand and institute operational requirements necessary to integrate telehealth into their practices, it is important that care delivered via telehealth is valued and reimbursed equal to in-person office visits. Many other states have required this. Misconceptions about the delivery of telehealth suggest that this care is not as robust or effective as in-person visits. In fact, patients report a high level of satisfaction with the

care delivered via telehealth, and often achieve more thorough visits and face time with their physician via telehealth.<sup>1,2,3</sup>

The use of telehealth in physician offices also does not obviate the need for brick and mortar operations for most providers. The overwhelming majority of practices will need to have systems in place to provide both telehealth and in-person visits. In order to support the ability of practices to continue to deliver the highest level of evidence-based care for both services, it is necessary for the care to be reimbursed equally.

For all practical purposes, reimbursing physician practices at a substantially lower rate than traditional office visits, may very well put telehealth services out of reach for countless patients. Unfortunately, this will negatively impact communities that often benefit most from the flexibility of telehealth including low income patients, and those with transportation or child care challenges.

**b. Require Payment Parity Across All Payers**

In order to achieve true equity in health care access, New York must require that payment parity is also ensured in Medicaid Fee for Service and Medicaid Managed Care. Without this parity across all systems, Medicaid providers may not have the financial abilities to provide telehealth services and thus enrollees would not have this access point as readily available as it is in commercial insurance. A bifurcated system where only some patients can access telehealth services is problematic to our shared goal of promoting high quality care and equitable access.

**c. Ensure Uniform Coverage and Reimbursement for “Audio-only” Telehealth Services**

During the height of the first wave of the COVID-19 pandemic, DFS and DOH took important steps to ensure coverage of audio only telehealth services. Since then, legislation has been enacted to ensure long-term Medicaid payment for audio only telehealth services. Across specialties, providers report that during the pandemic, audio only communication was often the difference between providing care and leaving patients with unmet health needs. This has highlighted the need to ensure physicians can meet patients where they are, including those without computers or reliable internet access so as to not further exacerbate health care disparities based on race, ethnicity, age and socioeconomic status thereby inhibiting access to care. We recommend that audio only services be reimbursed across all payers and reimbursed on par with other telehealth services.

---

<sup>1</sup> Andrews E, Berghofer K, Long J, Prescott A, Caboral-Stevens M. Satisfaction with the use of telehealth during COVID-19: An integrative review. *Int J Nurs Stud Adv*. 2020;2:100008. doi:10.1016/j.ijnsa.2020.100008

<sup>2</sup>Ramaswamy A, Yu M, Drangsholt S, et al. Patient Satisfaction With Telemedicine During the COVID-19 Pandemic: Retrospective Cohort Study. *J Med Internet Res*. 2020;22(9):e20786. Published 2020 Sep 9. doi:10.2196/20786

<sup>3</sup> Heath, Sara. Patient Satisfaction with Telehealth High Following COVID-19. *Patient Engagement HIT*. October 7, 2020. <https://patientengagementhit.com/news/patient-satisfaction-with-telehealth-high-following-covid-19> Accessed December 8, 2020.

**2. Permanently Adopt Flexibilities in Telehealth Services Implemented During the Pandemic**

Physician practices across the state highly valued their ability to more effectively deliver services during the pandemic due to the emergency waivers of telehealth modality and place of service requirements. This flexibility was highly effective in demonstrating the myriad of ways practices could implement robust telehealth systems without outdated or impractical requirements on the location of the patient or physician or on the modality used to offer the service. The future of telehealth needs to reflect the technological advancements and the new model for providing seamless telehealth experiences.

**3. Expand Access to Remote Patient Monitoring**

We urge both public and private payers to allow health care practitioners to utilize remote patient monitoring, where appropriate. Remote patient monitoring is an effective tool in tracking a patient's health status for a variety of conditions and can limit the number of in-person visits a patient needs. In addition, durable medical equipment (DME) needed to facilitate remote patient monitoring must be appropriately reimbursed.

**4. Protect the Physician-Patient Relationship in Telehealth**

As the organizations representing the front line physician workforce meeting the many challenges of the pandemic, we wish to remind policymakers of the need to protect the clinical judgment of physicians and the relationship that they have with their patients. Physicians should be the ultimate arbiter of which services are appropriate for telehealth and which require in-person consultation. Through shared decision making, physicians, in partnership with their patients, are in the best position to decide when telehealth services are appropriate based on the specific and individual needs of the patient. Patient-centered, individualized care is essential to ensure telehealth services are equitable to all New Yorkers.

**5. Ensure Seamless Extension of Telehealth Provisions After Pandemic**

We urge policymakers to ensure that the telehealth policies implemented during the pandemic are continued until comprehensive, permanent policy changes are enacted as set forth above. This is vitally important to ensure continuity of care for patients already availing themselves of telehealth services, particularly for patients with chronic health conditions trying to minimize their contacts with others to minimize risk of COVID-19 transmission.

Thank you for your consideration and we look forward to working with you on this important issue.