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June 4, 2020

Senator Tom Sherman, Chairman  
Senate Health and Human Services Committee  
Legislative Office Building, Room 101  
33 N. State Street  
Concord, New Hampshire 03301

RE: Amendment #2020-1317s to HB 1623 relative to telemedicine and substance use disorder

Dear Chairman Sherman and Members of the Senate Health and Human Services Committee:

Thank you for the opportunity to speak to you on HB 1623 and the proposed amendment. Bi-State Primary Care Association supports HB 1623 and amendment #1317s, and respectfully requests the Committee vote HB 1623 ought to pass as amended. The expansion of telehealth pursuant to the Governor's declaration of emergency and emergency order #8 allowed for the quick transformation of the health care delivery system and expanded access to care when the Granite State needed it most. It is imperative that this essential tool continue and that there be parity between the reimbursement for telehealth services and in-person visits.

### **Bi-State Primary Care Association and Community Health Centers**

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents. Bi-State's members include New Hampshire's 14 community health centers (including federally qualified health centers, family planning providers, and rural health clinics), a health care consortium, and a community health access network. Community health centers are small non-profit organizations located in medically underserved areas throughout New Hampshire.<sup>1</sup> They provide integrated primary care, oral health, substance use disorder treatment, and behavioral health services to nearly 122,000 patients at 56 locations. The majority of health center patients live at or below 200% of the federal poverty level or \$25,520 for an individual.<sup>2</sup> Community health centers serve all patients, regardless of their ability to pay or insurance status, and offer a sliding fee discount based on income to uninsured and underinsured patients. Each health center offers a different array of services designed to meet the needs of their communities and each health center accepts Medicare, Medicaid, and commercial insurance. In 2018, approximately 29% of health center patients were insured by Medicaid, 18% were insured by Medicare, 38% were insured by commercial insurance, and 15% were uninsured.<sup>3</sup>

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<sup>1</sup> Bi-State uses the term "community health center" to include several types of health centers: federally qualified health centers (FQHCs), FQHC-look-alike (FQHC-LAL), rural health clinics (RHCs), and family planning providers.

<sup>2</sup> Health Resources and Services Administration, Uniform Data System, NH Rollup (2018), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2019).

<sup>3</sup> *Id.*

## **Community Health Centers' Response to the Changing Health Care Landscape**

When Governor Sununu declared a state of emergency on March 13<sup>th</sup> and executed emergency order #8, the health centers established and expanded telehealth services in a matter of days, reconfigured their billing systems to reflect the point of service changes, consolidated practices to accommodate for COVID-testing and patients who test positive, maintained safe spaces for in-person visits such as well-child visits requiring immunizations and prenatal visits, and the health centers with dental practices remained open for emergencies. Like many health care organizations in New Hampshire and across the country, our health centers have struggled and continue to struggle to obtain PPE including gowns, surgical masks, and COVID-19 testing supplies. Health centers are mission driven organizations that are required to see all patients; however, they cannot return to the level of in-person visits because of inconsistent access to PPE.

## **Telehealth Expands Access to Care**

New Hampshire's community health centers reported an almost simultaneous 50% reduction in patient visits when the pandemic hit, which resulted in a 50% drop in patient revenue. As of May 22<sup>nd</sup>, New Hampshire's health centers' weekly visits are 76% of their pre-COVID-19 visits. This is nearly a 25% increase from April 2020. Approximately 65% of their weekly visits are conducted virtually, including audio-only visits. The health centers are changing their workforce models to accommodate virtual visits, the lack of PPE, staff working remotely, and site consolidation. How well medical practices can continue to implement and sustain these accommodations is dependent on whether adequate reimbursement for telehealth exists. Not only does the codification of emergency order #8 help our health care system plan financially, it also helps us plan for the delivery of health care services now and into the future.

Our health centers continue to report that the transition from predominantly in-person visits to virtual visits has gone relatively well. Every health center has expressed hope that telehealth continues to be an option supported by policymakers after the pandemic ends because it increases access to care and keeps their staff and patients safe. For example, a chief medical officer of one of our health centers reported an increased use of behavioral health services as a direct result of telehealth: Patients who were previously hesitant to engage in behavioral health services were more willing to participate due in large part to being more comfortable in their own homes. Several of our health centers report a 0% no show rate for behavioral health visits conducted virtually and each health center reports a reduction in no-show rates because of the availability of telehealth as a service modality.

## **Moving Forward**

Telehealth will not replace the need for in-person visits. As you can imagine, New Hampshire's primary care, behavioral health, oral health, and substance use disorder treatment needs have not decreased due to the COVID-19 pandemic. There are many examples of when in-person visits are necessary, and Bi-State nor any of our health centers can see a path forward that does not include in-person visits. The passage of SB 258 in 2019 expanded the use of telehealth services and reimbursement through the New Hampshire Medicaid Program, which allowed health centers to provide primary and preventive care to their Medicaid patients. However, prior to the pandemic and the declaration of emergency and execution of emergency order #8, the reduced reimbursement rates from commercial carriers prohibited the broad use of telehealth at health

centers, to the detriment of the health centers and their patients. The combination of the changes made in SB 258 and emergency order #8 demonstrate that New Hampshire's health care system has embraced telehealth, and the health centers and their patients want it to continue in order to meet the needs of the Granite State.

The health care system changed drastically in the last 90 days, and public and private insurers' reimbursement must continue to accommodate telehealth as a service modality: Telehealth, including audio-only, must be available to the health centers and their patients in order to meet the needs of the Granite State. HB 1623 expands access to MAT, and amendment #1317 codifies necessary changes to allow for our telehealth to remain a part of our health care delivery system. Bi-State and our members respectfully request your support of HB 1623 and amendment #1317.

Please feel free to reach out to me if you have any questions.

Sincerely,

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