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February 2, 2021

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 N. State Street
Concord, New Hampshire 03301

RE: HB 602 relative to the reimbursements for telemedicine

Dear Chairman Pearson and Members of the House Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to speak to you on HB 602. Bi-State Primary Care Association opposes HB 602 and respectfully requests the Committee recommend HB 602 inexpedient to legislate. 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.¹ They provide integrated primary care, oral health, substance use disorder treatment, and behavioral health services to nearly 120,000 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.² 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 2019, approximately 30% of health center

¹ 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.

² Health Resources and Services Administration, Uniform Data System, NH Rollup (2019), 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 (2020).

patients were insured by Medicaid, 20% were insured by Medicare, 35% were insured by commercial insurance, and 15% were uninsured.³

Community Health Centers' Response to the Changing Health Care Landscape

When Governor Sununu declared a state of emergency on March 13th 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' in-person visits have increased as compared to last spring; however, the number is still lower than pre-pandemic levels. Health centers are mission driven organizations that are required to see all patients and providing health care services via telehealth allows them to fulfill their missions.

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 January 22nd, New Hampshire's health centers' weekly visits are 90% of their pre-COVID-19 visits. Approximately 1/3 of their weekly visits are conducted virtually, including audio-only visits. 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. Telehealth has truly been a lifeline for patients experiencing crisis during the pandemic.

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, emergency order #8, and HB 1623 in 2020, 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.

³ *Id.*

Telehealth, including audio-only, must be available to the health centers and their patients in order to meet the needs of the Granite State. Bi-State and our members respectfully request you recommend HB 602 inexpedient to legislate.

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

Sincerely,

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