

March 8, 2021

Representative Tina Liebling
Chair, House Health Finance and Policy Committee
477 State Office Building
St. Paul, MN 55155

Delivered electronically

RE: Support for HF 1412- Health Care Service and Consultation Telehealth Coverage Modified

Dear Chair Liebling:

Access to affordable primary health care continues to be at the core of the FQHC mission, as it has for over five decades. A vast majority, 80%, of our patients are either uninsured or enrolled in a public health care program such as Medical Assistance (MA) or MinnesotaCare.

The flexibility provided by the Legislature during the COVID-19 pandemic has allowed Health Centers to maintain primary care medical and behavioral health services for our patients as they have been disproportionately impacted by COVID-19. The latest data from Health Centers cites a 17% Covid-19 positivity rate in our patient population - over five times the statewide rate.

This has allowed our patients, who often suffer the impacts of health disparities, to continue to access care at their Community Health Center. This allows them to manage chronic diseases such as diabetes, cardiovascular disease or continue to engage with their behavioral health or substance use disorder (SUD) provider.

It is for these reasons that we support HF1412, which builds on the State's work to expand telehealth services. HF1412 will enable Minnesota's Federally Qualified Health Centers (FQHCs) to continue and expand these critical primary health care services to the 200,000 low-income patients Health Centers served on an annual basis.

Two provisions in HF1412 are critical tools for FQHCs:

- Defining telehealth to include audio-only communications; and
- Reimbursement of telehealth services - especially under the Medical Assistance program - in the same manner as if the service or consultation was delivered face-to-face.

The audio-only provisions are essential for Health Center patients. In rural areas of the state, the lack of broadband internet capacity prohibits interactive audio-video services for patients. Our rural FQHCs have maintained connections to their patients during the pandemic with the use of audio-only visits. In urban areas, access to high-speed internet is also an issue in specific low-income

neighborhoods, and many patients do not have access to the technology needed to facilitate an audio-video visit with their Health Center provider. This provision makes continued care possible in an accessible way that can reduce disparities in access to care.

Thank you for your consideration in supporting HF1412 as an important tool to address our patients' health care inequities. Please contact me at (651) 341-8487 or at rochelle.westlund@mnachc.org to further discuss this bill or Minnesota's FQHCs and how we can work together to increase access to affordable care.

Respectfully,

Rochelle Westlund
Director of Public Policy