

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

COLUMBIA HEALTH

February 16, 2023

Madame Chairs, Ranking Members and Members of the Assembly and Senate,

My name is Melanie Bernitz, MD, MPH, and I serve as the Senior Vice President of Columbia Health, the student health service at Columbia University in the City of New York. As a family physician, college administrator, and college health provider with 20 years' experience, I support sections 30, 31 and 32 of the Health and Mental Hygiene Title VII bill. Allowing New York to join the Interstate Medical Licensure Compact and the Nurse Licensure Compact will be transformative to the care of the almost 1 million students enrolled in higher education in New York State.

On college campuses throughout the state, healthcare teams provide high quality medical and mental health care to these emerging adults, which is inextricably linked to their ability to succeed academically. The care provided on campus is so often more tailored to the needs of students than can be accessed off campus, as college health professionals are well-versed in providing care to this specific age group, understanding the developmental implications of being a college student, and how health and wellbeing is linked to their broader academic campus experience.

College health presents an often-unique model that provides significant cost savings to students and the health care system as a whole. On campus health services provide care, usually at no additional out of pocket cost, and reduce the burden on other clinics in the surrounding community. This allows college students to access timely and convenient care without additional travel costs. It also allows them to learn, often for the first time, how to navigate healthcare without parental supervision, and to build relationships with their campus healthcare providers, who also serve as educators.

Our students are mobile, and they travel to their home states for breaks and the summer. This causes lapses in their continuity of care, decreasing quality of care, bringing greater likelihood of adverse outcomes, and ultimately adding cost to the healthcare system. This also negatively impacts the children of New York State constituents, your constituents, who go to college out of state, whether it be Michigan California, Massachusetts, or even New Jersey, and face the same concerns when they return home to New York during their breaks.

These issues were amplified during the COVID-19 pandemic when, in March 2020, colleges throughout the country, including Columbia, closed their campuses and sent student back to their home states and countries to continue their education virtually. Thankfully, Columbia Health, the college health service I am privileged to lead, recognizing

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the value of telehealth, had begun to work on platform integration with our electronic medical record in 2019, with the intent to pilot telehealth in the summer of 2020. COVID-19 accelerated our timeline and, thanks to our foresight, we were able to activate 56 providers on a secure telehealth platform in the midst of the chaos that the pandemic was causing, all over just a single March weekend in 2020.

It is important to understand that when it comes to telehealth, licensing jurisdiction lies not where the provider is located and is licensed, but where the patient happens to be physically located at the time the care is provided, regardless of where the patient normally resides. So, while we were able to support New York-based students throughout their time studying remotely, as students returned to other states across the country, we were not at first able to provide them with the same care due to state-based licensing restrictions. This disrupted continuity of care for tens of thousands of our students. We had to contract with other telehealth services to utilize their networks, which are not attuned to the unique needs of college students, so while providing a bridge, are not of the same quality as having our own clinicians provide care. Fortunately, over the next month or so, most, if not all states suspended or greatly reduced their interstate licensing requirements, but over the past two years or so all of these requirements have now been reinstated. Over the months, we had many of our providers voluntarily apply for licenses in states where we had a heavy density of students. This process was time consuming and costly, but represented the dedication of our college health providers to ensuring our students had access to them while studying remotely.

Even as we returned to our campuses, we realized the value of providing care via telehealth. Many concerns can be addressed with a video visit and without an in-person appointment – a student who has mobility issues, or an infectious condition, can be evaluated on telehealth, without putting themselves or others at risk by arriving at a clinic. Providing appropriate care via telehealth has eased some of our space constraints. Our students may be more likely to access care via telehealth as it saves time in their busy academic schedules. There are numerous other efficiencies with telehealth, and even as the direct impacts of the COVID-19 pandemic recede, telehealth is here to stay as an integral part of our broader provision of healthcare.

Across the United States, we are witnessing all sorts of oppressive legislation happening around healthcare – be it access to abortion services or gender-affirming care. At Columbia, we are seeing the negative impact this legislation has on our students' physical and mental health, with our students being especially vulnerable at this critical developmental phase in their lives. It is our duty to ensure they have access to the care they need, when they need it, but without the ability to see our students when they are not in New York, our ability to do so is greatly inhibited.

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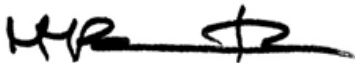
Leveraging these lessons learned over the past few years, having New York join the interstate compacts will allow our licensed and accredited quality college health providers to continue to support our patients across the nation, and not rely on pandemics to prompt our support. There may be another global pandemic, but even without one, our students are more and more mobile. Their healthcare does not pause for vacations or breaks, their prescription needs are year-round regardless of their location, and in this age group, most healthcare issues are unpredictable.

Simplification, streamlining, and expediting of the processes for physicians and nurses to become licensed in multiple states will reduce the risks to our patients, and to the healthcare system as whole, while allowing continuity of care for all students, and expanding quality, cost-effective healthcare. By allowing college health providers to continue treating clinically appropriate patients with whom they have established relationships via telehealth, joining the compact will, over time, potentially amplify cost savings to the healthcare system, as students will maintain relationships with their on-campus providers, and reduce the burden on urgent care facilities and emergency rooms, both of which are far more costly, and likely unnecessary in the majority of circumstances.

I stand in full support of sections 30, 31 and 32 of this bill and ask you to ensure that New York joins the Interstate Medical Licensure Compact and the Nurse Licensure Compact. This will expand quality, cost effective healthcare, which improves outcomes for all. During the pandemic, I served as one of three COVID-19 Coordinators for the entire Columbia community, something I hope to never have to do again. I cannot begin to describe how difficult a time it was. Fortunately, because we had telehealth as tool, we were able to provide our students the care they needed. Without the ability to do this across state lines, I do not know how effectively we can do so in the future, and I worry what this would mean not only for Columbia students but for college students who are either not from New York, or who, like many of your constituents, attend school out of states.

Thank you for your consideration.

Best,



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Note: There is a separate pact for psychologists - The Psychology Interjurisdictional Compact (PSYPACT) - which is an interstate agreement "designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries." As you consider future direction, membership in this pact would similarly be beneficial to the care of our students, as so many students need psychological support. Thirty-four states and territories belong to PSYPACT, and I would encourage New York to move in this direction as well.

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