

Assembly Bill 32 (Aguiar-Curry)

Telehealth: Expanding Healthcare Accessibility

May 18, 2021



OVERVIEW

Today, roughly 1,370 CHCs in California provide high-quality comprehensive care to 7.4 million people – that is 1 in 5 Californians. CHCs provide the full spectrum of care, from primary care to dental to behavioral health, to everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

TELEHEALTH

Community health centers (CHCs) are leveraging telehealth technology to improve access to care and meet increasing patient demands. Telehealth has been an important way for patients to access care during the pandemic and it can be critical to post-pandemic care. Telehealth decreases barriers, increases access to care for health center patients and reduces no-show rates significantly.

More importantly, audio-only telephonic care has become a reliable modality of care. Recent surveys reported a significant shift to telehealth and telephone visits and found that most patients would like the option of a telephone or video visit and would likely choose a phone or video visit over an in-person visit whenever possible. (CHCF, [Listening to Californians with Low Incomes](#), Oct 2020).

Additionally, broadband and internet service issues plague patients and health centers in both urban and rural communities. (CPEHN, [Equity in the Age of Telehealth](#), Dec 2020). As a result, maintaining current telephonic flexibilities across all Medi-Cal providers will be critical to supporting health equity.

ADMINISTRATION TELEHEALTH PROPOSAL

The Administration Telehealth Proposal, if enacted, will widen the gap in care and deepen health care inequities in California. The May Revise recognizes the role of audio-only care for helping California come back and proposes to establish lower rates for audio-only telehealth. The rate will be set at 65 percent of the Medi-Cal rate for the service rendered in fee-for-

service, and comparable alternative to prospective payment system (PPS) rates for health centers. The administration must invest more now or risk widening the gap in care and recovery – they must maintain current audio-only payments and flexibilities post-pandemic for health centers.

THE SOLUTION

AB 32 will continue current telehealth flexibilities to allow for increased access to care remotely through video and telephone visits and payment parity for those services. Specifically, AB 32 will:

- Allow all Medi-Cal providers, including Federally Qualified Health Centers/Rural Health Clinics to render telehealth and telephonic care that meet all clinical elements of a visit
- Ensure parity in reimbursement for telehealth services, regardless of modality
- Authorize a provider to enroll or recertify an individual in specified Medi-Cal programs remotely
- Require DHCS to engage stakeholders and evaluate the effectiveness of telehealth and telephonic care

This bill would improve access to health care services for all communities, specifically those experiencing the digital divide and relying on telephonic care.

SPONSORS

AltaMed Health Services
California Association of Public Hospitals and Health Systems (CAPH)
CaliforniaHealth+ Advocates/California Primary Care Association (CPCA)
California Medical Association (CMA)
Essential Access Health (EAH)
Planned Parenthood Affiliates of California (PPAC)

FOR MORE INFORMATION

Meagan Subers: (916) 227-2666
Beth Malinowski: (916) 503-9112

Assembly Bill 32 (Aguiar-Curry)

Telehealth: Expanding Health Care Accessibility

May 18, 2021



Community Health Centers Background

- Today, more than 1,370 community health centers serve the state of California, and provide comprehensive, high quality care to 7.4 million people – or 1 in 5 Californians.
- Many health center patients are Black, Indigenous, and communities of color. Additionally, due to the high costs of internet access and computing devices, inadequate broadband infrastructure, many health center patients lack internet access and still rely on cell phones when accessing care during the pandemic. [SHARE HOW THE DIGITAL DIVIDE IMPACTS YOUR COMMUNITY].

The Problem

- Telehealth, specifically AUDIO ONLY TELEPHONE care, is the solution to address existing health disparities. These care modalities decrease barriers and increases access to care for health center patients and reduces the no-show rates significantly. [SHARE YOUR STORY ABOUT HOW YOUR HEALTH CENTER IS UTILIZING TELEPHONIC AND TELEHEALTH VISITS TO CONTINUE PATIENT CARE].
- The Administration’s telehealth proposal is greatly concerning because of its effect on [number of health center patient] patients throughout my health centers.
 - If enacted in its current form, the Administration’s telehealth proposal will create different reimbursement tiers for various telehealth modalities, driving CA telehealth policies backwards.
 - The Administration’s telehealth proposal will deepen the existing inequities and risk widening the gap in care and recovery.

Budget/Legislative Ask

- To ensure the FY 21-22 budget bolsters the health of all California’s network of Medi-Cal providers are well positioned to meet the health care demands for Medi-Cal beneficiaries and close disparities and access gaps, **we urgently request that the Legislature reject the Administration’s telehealth proposal and replace it with AB 32 (Aguiar-Curry) as amended in the Assembly Health Committee.**
- AB 32 would allow all Medi-Cal providers, including Federally Qualified Health Centers/Rural Health Clinics, to continue providing telehealth and telephonic care that meet all clinical elements of a visit beyond the declared Public Health Emergency. Specifically, AB 32 includes:
 - Maintain PPS payment for all services for an extended bridge period (January 2025 – 3 Years)
 - Indefinite extension (beyond bridge period) for mild & moderate BH services via telephone with PPS payment
 - Post-bridge Non-PPS payment for medical services provided via telephone (This would be an optional payment, allows CHC not participating in global APM a mechanism to maintain some payment for medical services)
- For these reasons, we respectfully request your support in championing the adoption of trailer bill language in this session that aligns with AB 32 (Aguiar-Curry) and support the telehealth access and innovation that will be key to California’s recovery