



June 22, 2022

The Honorable Richard Pan
Senate Health Committee
State Capitol, Room 2191
Sacramento, CA 95814

Subject: Support for AB 32 (Aguiar-Curry & Rivas) Telehealth

Dear Chair Pan,

On behalf of the members of the California Association of Public Hospitals and Health Systems, and as proud cosponsors of the bill, I am writing to voice our support for AB 32. This bill would make a number of the telehealth flexibilities granted during the COVID-19 public health emergency (PHE) permanent in the Medi-Cal program, including continuing the coverage of both video and phone visits at payment parity and across provider types. Over the past two years, telehealth has been one of the few silver linings gleaned from the pandemic and this modality has proven to be a critical tool for providing access to health care services for the Medi-Cal population.

California's 21 public health care systems are the core of the state's health care safety net, delivering high-quality care to more than 3.7 million patients annually, regardless of ability to pay or insurance status. Public health care systems include both county-operated or -affiliated facilities, as well as the five University of California medical centers. Public health care systems provide over 40 percent of all hospital care to persons who are uninsured, and nearly 40 percent of all hospital care to persons covered by the Medi-Cal program in the communities they serve. Public health care systems primarily serve individuals from underrepresented communities, including persons of color, individuals experiencing financial hardship or homelessness, and individuals with complex social and medical needs. Nearly 60 percent of patients served at public health care systems identify as persons of color, and many report a primary language other than English. Statewide, these systems also operate over half of the top-level trauma and burn centers, train half of all physicians, and employ 85,000 workers.

When the COVID-19 pandemic hit California, public health care systems jumped into action to not only care for COVID-19 positive patients, but also dramatically shift outpatient clinic services from in-person to video and phone visits. These systems went from delivering little to no services via telehealth to, at some points throughout the pandemic, the majority of outpatient visits being conducted by phone or video.

From this experience, we have learned how powerful a tool telehealth has been to improve access and quality of care, and the role it can play in reducing disparities of care for California's most vulnerable patients. Convenient access in the Medi-Cal program has always been a challenge, and it will remain a challenge after the pandemic is over. Many Medi-Cal patients have face barriers to coming into the clinic, particularly those who lack transportation, cannot miss work, or secure childcare. Telehealth has opened up new options for patients who struggle with traditional visits, thereby expanding access to ensure their needs are met and helping to prevent the devastating consequences of delayed and avoided care. Increasing take-up of primary, preventive and

mental health care via telehealth will likely result in better health outcomes and lower total costs to Medi-Cal over the long term.

Telehealth is not a substitute for all types of in person care and all situations, but when it is appropriate, we must ensure the option is available. California's public health care systems are successfully using telehealth to provide a broad array of care, including primary and specialty care, chronic disease management, bedside consults for patients in the hospital, behavioral health care, and the support of care coordinators and social workers.

The flexibility to offer phone visits in Medi-Cal for the first time has been particularly critical. Many patients of public health care systems do not have internet and computers at home, or may have limited data plans for their phones, which do not allow them to engage in video visits. It is crucial that audio-only visits be covered and reimbursed at parity with in-person visits, including audio-only visits delivered by Federally Qualified Health Centers (FQHCs).

CAPH and the co-sponsors of AB 32 have been working with the Administration since last year to provide input on its permanent Medi-Cal telehealth proposal, which is being advanced via the state budget process this year. We are pleased with the Administration's collaboration and partnership on this effort and the overall changes that have been made over the last year. Importantly, the Administration has proposed to continue the coverage of both phone and video visits at payment parity, across providers (including FQHCs), and we are in strong support of this decision. We also appreciate the Administration's receptiveness to hearing our concerns and taking several of our proposed amendments to its revised trailer bill language. The recent amendments to AB 32 reflect the Administration's trailer bill language with the additional changes we are seeking to it, including a few areas that we are still working to resolve with the Administration.

We look forward to continuing to partner with the Legislature and the Administration on the Medi-Cal telehealth policy and appreciate your leadership on this issue. We would be pleased to further discuss our position with you and answer any questions you may have. Please contact Kelly Brooks-Lindsey, our Sacramento representative, at 916-753-0844 if you would like to follow-up. Thank you for your consideration.

Sincerely,



Sarah Hesketh
Senior Vice President of External Affairs
shesketh@caph.org

cc: The Honorable Cecilia Aguiar-Curry
The Honorable Robert Rivas
The Honorable Members of the Senate Health Committee
Teri Boughton, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus

Anthony Archie, Consultant, Senate Republican Caucus
Andrea Margolis, Consultant, Assembly Budget Subcommittee #1 on Health and Human Services
Scott Ogus, Consultant, Senate Budget Subcommittee #3 on Health and Human Services
Carol Gallegos, Deputy Director, Legislative & Governmental Affairs, DHCS
Melissa Rolland, Deputy Director, Legislative & Governmental Affairs, DHCS
Tam Ma, Deputy Legislative Secretary, Office of the Governor
Kelly Brooks-Lindsey, Hurst Brooks Espinosa