



September 7, 2022

The Honorable Gavin Newsom  
Governor, State of California  
1021 O Street, Suite 9000  
Sacramento, CA 95814

**Subject: Request for Signature – RE: AB 32 (Aguiar-Curry & Rivas) Telehealth**

Dear Governor Newsom,

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 strong support for AB 32 and request that you sign it into law. This bill would make some minor changes to your Administration's recently enacted telehealth budget trailer bill language, including allowing for certain flexibilities for all providers to establish new patients via audio-only telehealth. 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. Although they represent just six percent of all California hospitals statewide, they provide over 40 percent of all hospital care to the state's uninsured and nearly 40 percent of all hospital care to the Medi-Cal population 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. Given the patient population served, public health care systems play multiple significant roles in their communities and have a profound impact on the health and health care of millions of Californians.

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 at-risk 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 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, 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. AB 32 recognizes this issue by allowing providers some flexibility to establish new patients via audio-only, ensuring that those without reliable internet have access to care.

CAPH and the co-sponsors of AB 32 worked with your Administration over the last year to provide input on the recently enacted telehealth budget trailer bill language, which expanded access to video and audio-only telehealth services beyond the pandemic and integrated these modalities into Medi-Cal in an ongoing way. We also appreciated your Administration's receptiveness to hearing our concerns and taking several of our proposed amendments to the revised trailer bill language. AB 32 reflects the trailer bill language with the additional changes with which we reached an agreement with your Administration. Thank you for your leadership on this critical issue.

We look forward to continuing to partner with your Administration on ensuring access to care for those most in need. 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,



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cc: The Honorable Cecilia Aguiar-Curry  
The Honorable Robert Rivas  
Tam Ma, Office of Governor Gavin Newsom  
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