



**AB 2164: Telehealth
(As Amended)**

SUMMARY

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) are a critical source of care for marginalized communities in California, serving as a health care safety net for the most vulnerable populations. However, many of these centers do not have the physical clinic capacity needed to meet all the needs of the people in their service areas. In addition, many low-income families face financial, transportation, and language barriers when seeking traditional office-and clinic-based care. AB 2164, upon implementation, will allow for patients to be established through real-time or store-and-forward telehealth services in community settings.

BACKGROUND

The COVID-19 pandemic has underscored the importance of utilizing telehealth to ensure the delivery of reliable care to the most vulnerable populations and underserved areas of the state. Telehealth, using technology to bring health care to patients where they are, has proven to be an invaluable tool to ensure patients, especially those who are low-income and living in underserved areas, get the medical, dental, and mental health care they need. California has recognized this and has been one of the earliest adopters of telehealth to address both health professional shortages and socioeconomic barriers to accessing health care.

Telehealth utilizes technology to reduce existing barriers and increase access to high-quality and safe care for children and adults. Telehealth can be utilized in real time (synchronous), such as through video conferencing, or through store and forward (asynchronous), in which data—such as photos, x-rays, and other health records—are collected at one site and forwarded to a provider for review at another time.

Due to recent guidance, patients must travel to a health center or a billable provider must go to the community site to establish the patient for the purposes of billing, creating an unnecessary burden for patients accessing needed services via telehealth and the providers who serve them. The new Department of Health Care Services (DHCS) Provider Manual indicates that, while health centers can provide and be paid for dental care provided through store-and-forward teledentistry, in order to bill for an encounter, the patient must first be “established” as a patient of the FQHC/RHC through an in-person visit with a billable provider.

The value of telehealth as an essential tool for delivery of care has never been more apparent than during the COVID-19 pandemic where it has been utilized to mitigate the spread of COVID-19 by limiting patient and provider

exposure while allowing patients to receive the care they need while remaining at home during physical distancing. The importance of telehealth has been borne out by the Department of Health Care Services temporarily expanding telehealth options, including allowing health centers the flexibility to use telehealth to provide care to both new and established patients. This bill will ensure that the ability to establish patients using telehealth – a critical tool for expanding access and reducing barriers to care – will remain in place after the emergency declaration ends.

SOLUTION

AB 2164 will improve access to care through telehealth by clarifying that, in addition to providing services through telehealth, community health centers can establish a patient through real-time or store-and-forward telehealth services as long as the patient is located within the FQHC’s or RHC’s federal designated service area. In addition, this bill contains a sunset provision, terminating the extension of patient establishment via telehealth 180 days after the end of the State of Emergency related to the COVID-19 pandemic.

For store-and-forward, a licensed health care provider who is employed by the FQHC or RHC is required to be physically present with the patient at the originating site. This simple clarification will increase access to vital and cost-effective health care services to thousands of patients in marginalized communities across California.

As our state grapples with an existing healthcare workforce shortage – most notably in socioeconomically disadvantaged communities – and with the unprecedented COVID-19 pandemic, it is essential that we increase access to safe, cost-effective, and quality health care to our most vulnerable populations.

SUPPORT

OCHIN (co-sponsor)
The Children’s Partnership (co-sponsor)
Children Now (co-sponsor)
CaliforniaHealth + Advocates (co-sponsor)
California Dental Association (co-sponsor)
AARP
Association of California Healthcare Districts
California Pan-Ethnic Health Network
California Psychological Association
California Telehealth Policy Coalition
Community Medical Centers
Junior Leagues of California State Public Affairs
Committee (CalSPAC)
Los Angeles Trust for Children’s Health
Valley Industry and Commerce Association



Assemblymember Robert Rivas, 30th Assembly District

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