



April 7, 2021

The Honorable Gavin Newsom
 Governor, State of California
 State Capitol, Suite 1173
 Sacramento, CA 95814

Re: FY 2021-2022 Proposed Telehealth Trailer Bill Language – CONCERNS

Dear Governor Newsom,

Together, AltaMed, American Academy of Pediatrics California, Association of California Healthcare Districts (“ACHD”), California Academy of Child & Adolescent Psychiatry, California Association of Social Rehabilitation Agencies (“CASRA”), California Hospital Association, CaliforniaHealth+ Advocates (“Advocates”), CHE Behavioral Health Services, California Access Coalition, California Behavioral Health Planning Council, California Children’s Hospital Association (“CCHA”), California Council of Community Behavioral Health Agencies (“CBHA”), California Medical Association (“CMA”), California Podiatric Medical Association (“CPMA”), California Psychological Association, California School Based Health Alliance, California State Association of Psychiatrists, California Telehealth Network (“CTN”), California WIC Association (“CWA”), Children Now, Children’s Defense Fund – California, Children’s Specialty Care

Coalition, Community Health Councils (“CHC”), Essential Access Health (“EAH”), Humanidad Therapy and Education Services, Latino Coalition for a Healthy California (“LCHC”), March of Dimes, National Association of Social Workers, California Chapter (“NASW-CA”), Nevada County Citizens for Choice, OCHIN, Planned Parenthood Affiliates of California (“PPAC”), Racial & Ethnic Mental Health Disparities Coalition, The American College of Obstetricians and Gynecologists (“ACOG”), The Children’s Partnership, Triple P Positive Parenting Program, Women’s Health Specialists, collectively serve the vast majority of the approximately 13 million Californians enrolled in Medi-Cal. We are deeply committed to guaranteeing equitable access to telehealth for all Medi-Cal beneficiaries and applaud the State for their continued focus on equity and access. **We respectfully write today to express our concerns with the Department of Health Care Services (DHCS) telehealth policy recommendations (“telehealth proposal”) and the corresponding trailer bill language published by the Department of Finance on February 2, 2021.**

We appreciate that the State’s proposal extends several flexibilities that were made available during the public health emergency and that the State remains committed to “promoting appropriate standards of care, providing access to quality health care services, and helping to advance equity in availability of modalities across the delivery systems.” To ensure the FY21-22 budget bolsters the health of all Californians, and that 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 administration take swift action to align their telehealth proposal with AB 32 (Aguiar-Curry).**

Specifically, we request the administration amend its proposal to:

- **MAINTAIN PAYMENT PARITY ACROSS ALL TELEHEALTH MODALITIES:** Like the commercial plan environment, when the same level of service is provided as in-person, Medi-Cal providers should receive the same payment for synchronous audio-video visits, asynchronous, and audio only modalities.
- **UPHOLD FQHC/RHC FLEXIBILITIES AND PAYMENT FOR AUDIO ONLY MODALITIES:** Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) must be able to maintain current telehealth flexibilities and payments for both audio-video and audio only modalities.
- **EQUITABLY EXPAND REMOTE PATIENT MONITORING:** Medi-Cal policy must match the increasing trends in remote patient monitoring by establishing policy that allows all Medi-Cal beneficiaries, regardless of their provider, to benefit from this evolving technology.
- **CONTINUE REMOTE ENROLLMENT IN MEDI-CAL:** With a strong linkage between coverage enrollment and access to care, remote enrollment into all limited scope Medi-Cal programs must be maintained.

The DHCS telehealth proposal and the \$94.8 million ongoing funding for remote patient monitoring in the January proposed budget is a starting point, there is more the Administration should do to leverage and build upon the telehealth expansion experience of Medi-Cal providers over the last year. The telehealth proposal, without significant amendments, only undermines the opportunity our state has to emerge from the COVID-19 public health emergency with a more equitable health care delivery system. If enacted in its current form, it will set the stage for a post-pandemic Medi-Cal environment that is stripped of telehealth innovations for some Medi-Cal beneficiaries, propelling some communities forward while leaving Black, Indigenous, and communities of color behind.

We also want to underscore the importance of telephone visit and the need to maintain that modality of care post the pandemic. COVID-19 has exposed the current inequity in our health care delivery system, where Medi-Cal patients, facing physical barriers such as transportation, lack alternative means to access care. While telehealth expansion has been immensely beneficial, the persistent digital divide presents significant challenges. Audio-only modalities are the solution to overcoming this inequity caused by lack of access to a smart phones or broadband internet. Telephone visits are provided safely and appropriately and follow the same standards of care as an in-person visit. More importantly, telephone visits result in the same, if not higher, level of patient satisfaction and are strongly preferred by Medi-Cal patients, according to a survey conducted by California Health Care Foundation.¹ As the state looks to set telehealth policy post-COVID, we must focus on Medi-Cal patients and elevate their needs. We must accept that telephone visit is the solution to removing barriers, increasing access, and addressing existing inequity.

California can do better. With the promising fiscal projections for this year, the American Rescue Plan and new federal leadership guiding our states forward, we can do just that. If we want to restart our economy, it starts with continuing and growing our investments in health, including an even bolder investment in telehealth. As work on the budget moves forward, we reiterate our commitment to do everything we can to support additional federal resources coming into California and ask you to work with us to guarantee communities hit hardest by COVID-19, communities that will needed the greatest support in recovering, are uplifted by policy that supports timely access to quality culturally competent care post pandemic. **For these reasons, we, the undersigned organizations, urge the Governor and the Legislature to take action to adopt 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.**

Sincerely,

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¹ California Health Care Foundation, *Californians with Low Incomes Report High Satisfaction with Telehealth*. Oct 22, 2020. <https://www.chcf.org/blog/californians-low-incomes-report-high-satisfaction-telehealth/>.

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Cc:

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The Honorable Members, Senate Committee on Budget and Fiscal Review
Senate President pro Tempore Toni Atkins
Assembly Speaker Anthony Rendon
Richard Figueroa, Deputy Cabinet Secretary, Office of the Governor
Tam Ma, Deputy Legislative Secretary, Office of the Governor
Keely Martin Bosler, Director, Department of Finance
Dr. Mark Ghaly, Secretary, California Health and Human Services
Will Lightbourne, Director, Department of Health Care Services
Jacey Cooper, State Medicaid Director, Department of Health Care Services