January 18, 2021

The Honorable Jim Wood, Chair
Assembly Committee on Health
State Capitol, Room 6005
Sacramento, CA 95814

RE: AB 32 Concerning Telehealth (Aguiar Curry) – Support

Dear Chairman Wood:

On behalf of OCHIN and the California Telehealth Network, I am pleased to extend our support for AB 32 (Aguiar Curry), which would extend the telehealth flexibilities implemented during the COVID-19 pandemic and ensure patients on Medi-Cal managed care plans have continued to access high-quality care by maintaining parity in reimbursement for their providers. Extending telehealth payment parity after the public health emergency also ensures that California patients who were unable to benefit from the convenience of virtual care prior to the pandemic are able to access telehealth services equitably. AB 32 would also address the inequity in current law that on one hand ensures payment parity for telehealth in the commercial market yet does not extend parity to the Medi-Cal program.

OCHIN is a nonprofit health technology and research organization with two decades of experience transforming health care delivery to advance health equity through technology, data insights, and expertise. OCHIN leads a health information and innovation network committed to improving the integration and delivery of health care services across a wide variety of practices, with an emphasis on clinics and small practices in historically underserved and marginalized communities, as well as critical access and rural hospitals. OCHIN’s network of community clinics includes 32 California members, serving 1,320,072 network patients, half of those receiving care under Medi-Cal, and the California Telehealth Network, a leading consortium of organizations focused on increasing access to healthcare through telehealth and health information exchange.

To reduce the risk of contracting COVID-19, California issued an emergency order that authorized telehealth flexibilities for providers to connect with their patients safely. Telehealth ensures patients can access necessary care without risking exposure to the coronavirus or forgoing treatment altogether. During the pandemic, telehealth has been a vital modality for “high-risk” individuals, including seniors and chronically or seriously ill patients. It also helps reduce the spread of the virus by enabling patients who may face higher risk of exposure, due to their front-line employment or high-density living situations, to access care safely from home.

Telehealth has been essential to advancing health care equity. For example, approximately 47% of OCHIN’s California Network patients are Hispanic and 31% are over 50 years of age. As a result of the temporary telehealth flexibilities and expansion throughout 2020, 37% of OCHIN’s patient encounters in California were conducted using telehealth, the majority in primary care services. Of these patient
encounters, 46% were delivered in a language other than English, with 3 out of 4 patients served in Spanish.

Parity for audio-only appointments, as well as interactive or video appointments, is crucial, since about 26% of these telehealth visits were audio-only. Individuals who face access barriers to in-person care have been able to receive care via telehealth during COVID-19. Patients who stated they needed housing and transportation support were 14% and 17% more likely to use telehealth, respectively. The continuation of parity in expanded telehealth coverage is essential in order to maintain access to care for high-risk and rural patients throughout the state and to help many others overcome common health care barriers, such as work, transportation, and childcare beyond the pandemic.

The COVID-19 pandemic has demonstrated that telehealth is a vital tool for ensuring access to care and must continue beyond the pandemic. AB 32 ensures patients, particularly our Medi-Cal beneficiaries and most vulnerable communities, can continue to access the full spectrum of health care, including primary care, specialty services, sexual and reproductive health care services, dental care, behavioral health services, and more. Permanently extending telehealth flexibilities, as proposed in AB 32, is a critical component of advancing health equity and delivery modernization that paves the way for improved patient health and further practice transformation. For all these reasons, OCHIN is pleased to support AB 32. Thank you for your consideration.

Sincerely,

Jennifer Stoll
EVP Government Affairs and Public Relations

CC: The Honorable Cecilia Aguiar Curry
Members, Assembly Committee on Health