Chairman Arambula and members of the Assembly Budget Sub 1 committee, I am Jennifer Stoll, EVP Public Affairs for OCHIN and the California Telehealth Network.

OCHIN leads a health information innovation and research network of community clinics, includes approximately 40 California members including 4 public health departments, serving 1,320,072 network patients, half of those receiving care under Medi-Cal. The California Telehealth Network is a leading consortium of organizations focused on increasing access to healthcare through telehealth platforms and education and affordable broadband throughout the state.

On the behalf of these organizations, thank you for allowing me to comment on the Administration’s budget proposal and trailer bill language on telehealth.

OCHIN supports the DHCS telehealth policy recommendations to expand coverage of telehealth services for Californians covered under Medi-Cal. However, OCHIN believes the Administration’s trailer bill and proposed budget do not go far enough to address structural inequality. The decision to not offer coverage and payment parity for audio-only telehealth services for federally qualified health centers and rural health clinics will drive structural inequality and exacerbate health disparities for underserved communities hardest hit by the COVID-19 public health emergency. As a result, OCHIN strongly supports AB 32 which would extend coverage of audio-only delivered by FQHCs and RHCs.

Telehealth parity and comprehensive coverage during the COVID-19 public health emergency has improved access to health care services for historically underserved communities, including Latinx/Hispanic patients, individuals accessing care in a language other than English, and individuals who face housing insecurity and transportation barriers.

Rolling back current Medi-Cal coverage and payment parity for audio-only telehealth, particularly for FQHCs and RHCs, will dismantle a lifeline to essential and medically necessary health care services among underserved patients.

Due to the COVID-19 flexibilities, we found in 2020 that:

- 37% of OCHIN’s members’ patient encounters were conducted using telehealth, the majority in primary care services.
• 46% of encounters were delivered in a language other than English, with 3 out of 4 served in Spanish.
• Patients who stated they needed housing and transportation support were 14% and 17% more likely to use telehealth, respectively.

Even more instructive is the analysis of the data related to audio-only use.

Last year, about 26% of the patients served by OCHIN members used audio-only telehealth.

Among the patients served:

• 36% of audio-only encounters were for patients best served in language other than English.
• 51% of audio-only encounters were by Latinx/Hispanic patients.
• Patients who were experiencing housing insecurity were 10% more likely to have an audio-only visit compared to people without housing insecurity.
• Patients who were experiencing transportation needs were almost three times as likely to have an audio-only visit compared to people with transportation.

Parity for audio-only telehealth encounters is crucial, particularly for FQHCS and RHCs, in order to achieve equitable access.

Looking to the future, the DHCS proposal to limit payment parity and to rescind FQHC and RHC coverage for audio-only telehealth will negatively impact patient outcomes and overall costs and create a structural disadvantage for community clinics.

California FQHCs and RHCs need a pathway to expand telehealth in order to transition to new payment and delivery models.

Telehealth provides a proven means to address key social determinants of health that negatively impact access, including lack of transportation and homelessness, and outcomes. Community clinics need time to fully integrate learnings and experience with this modality and rescinding coverage places FQHCs and RHCs at a disadvantage.

Finally, limiting access to telehealth over time will drive higher costs when patients who are clinically and socially complex are not able to access care early - before conditions become chronic, acute, or emergent.

Thank you for taking my testimony,

Jennifer Stoll
EVP Public Affairs
OCHIN/California Telehealth Network