Assembly Health Committee Oversight Hearing

Reviewing AB 744 (Aguiar-Curry, 2019)

& AB 32 (Aguiar-Curry, 2022)

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

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California Telehealth Policy Coalition

- The California Telehealth Policy Coalition is the collaborative effort of state and national organizations and individuals dedicated to advancing California telehealth policy.
- The Coalition regularly publishes recommendations, explainers, and other resources to help guide Coalition members and the public on California's telehealth policy, in addition to engaging with policymakers regarding proposals impacting connected healthcare.
- The Center for Connected Health Policy founded, and acts as the convenor for, the Coalition.

Please visit our website for more information.

https://www.cchpca.org/california-telehealth-policy-coalition/

Center for Connected Health Policy
The National Telehealth Policy Resource Center

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AB 744 (Aguiar-Curry) Statutes of 2019

- Requires private payer health care service plan and health insurer contracts to reimburse health care providers for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.

- Coverage shall not be limited only to services delivered by select third-party corporate telehealth providers.

- Updated/clarified existing telehealth definitions/laws, including that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward.

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AB 32 (Aguiar-Curry) Statutes of 2022

- Requires Medi-Cal to authorize providers, including a federally qualified health center (FQHC) or rural health clinic (RHC), to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services or when the patient requests an audio-only modality and attests they do not have access to video.

- Previously, existing law prohibited a health care provider from establishing a new patient relationship with a Medi-Cal beneficiary via, among other interactions, telephonic (audio-only) synchronous interaction. Existing law had authorized the department to provide specific exceptions to that prohibition. AB 32 authorized the department to take into consideration the availability of broadband access when providing those specific exceptions.

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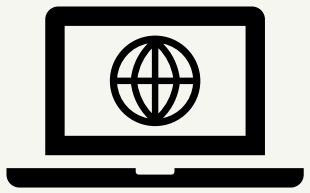
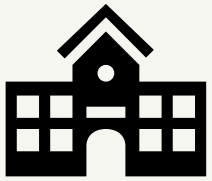
MEDICAID & PRIVATE PAYER LAWS ACROSS STATES



50 States, DC, Puerto Rico, and the Virgin Islands reimburse for **Live Video** under Medicaid

46 States & DC have some Medicaid reimbursement for **Audio-Only**



FQHCs

- **Live Video** – 40 States & DC explicitly allow FQHCs to be Medicaid distant site providers
- **Audio-Only** – 17 Medicaid programs
- **RPM** – 8 Medicaid programs
- **Store-and-Forward*** – 7 Medicaid programs

41 States reimburse some **Store-and-Forward***

- Some may only do it for CTBS, such as e-visit and interprofessional consultations codes
  - 10 states explicitly cover e-visits (not Medi-Cal)
  - 18 states cover interprofessional consultation codes (most cover more than Medi-Cal)

41 States have some Medicaid reimbursement for **RPM***

Private Payer Laws

- 44 States, DC, Puerto Rico and the Virgin Islands have a **Telehealth Private Payer Law**
- 25 have explicit **Payment/Reimbursement parity**

*Some states that are included in the counts above reimburse this modality solely as part of Medicare Communication Technology-Based Services (CTBS), which have their own separate codes and reimbursement rates.

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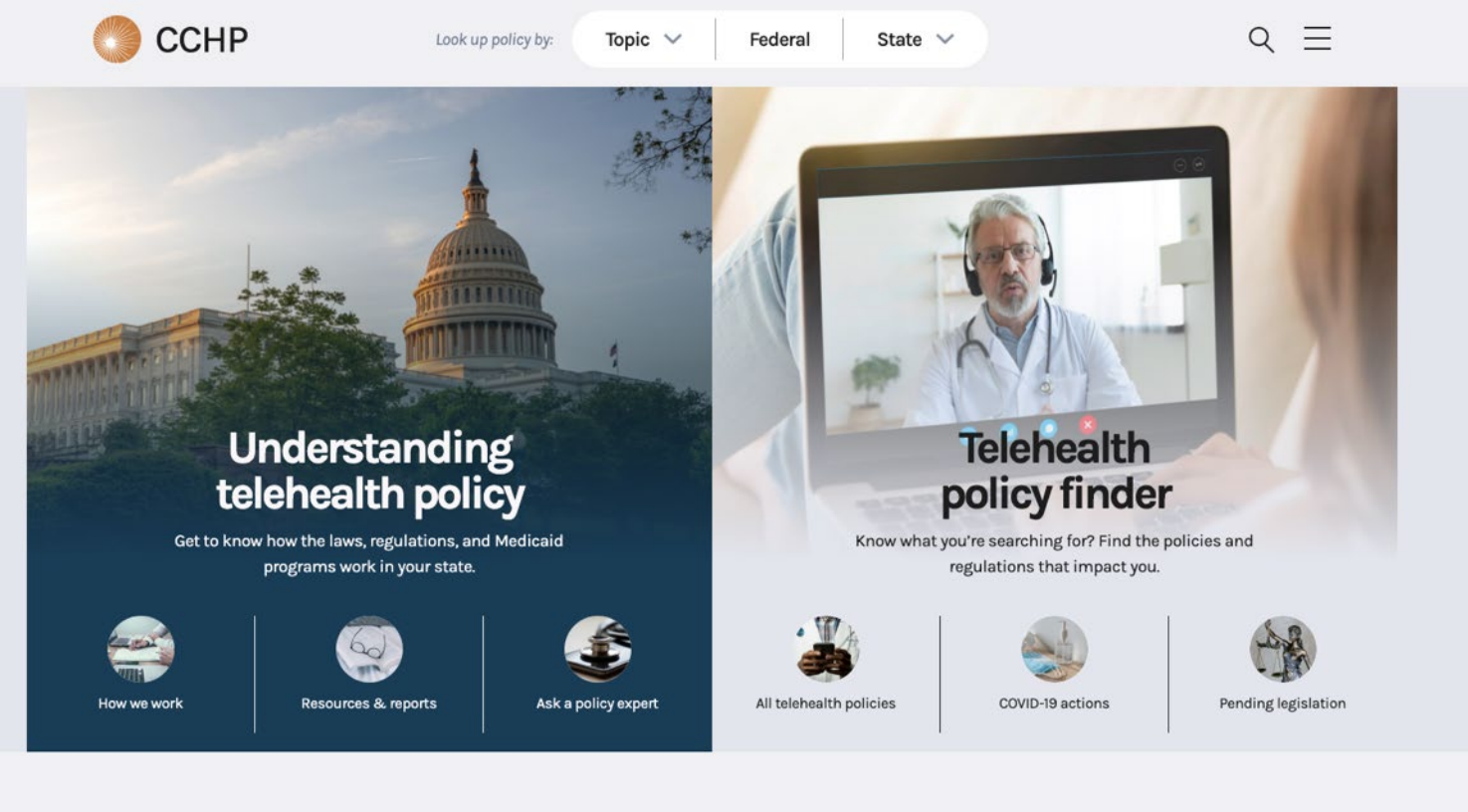

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