



## AB 32 – Telehealth: Expanding Healthcare Accessibility

### **SUMMARY**

AB 32 requires the State Department of Health Care Services (DHCS) to extend the telehealth flexibilities in place during the COVID-19 Pandemic. Additionally, AB 32 ensures patients will continue to have access to care by maintaining parity in reimbursement for telehealth services for Medi-Cal managed care plans.

To accomplish this, AB 32 requires DHCS to convene an advisory group of healthcare representatives to provide input on the development of a revised Medi-Cal telehealth policy that promotes the use of telehealth to achieve timely and patient-centered access to care. DHCS must report findings from the evaluation and recommendations to the Legislature no later than July 1, 2025.

### **BACKGROUND**

On March 13, 2020, the Federal government declared a national state of emergency due to the COVID-19 pandemic. To reduce the risk of contracting COVID-19, the emergency order authorized telehealth flexibilities for providers to connect with their patients safely. By reducing in-person contact through using telehealth, patients can continue to access necessary care from their providers without risking exposure to the coronavirus or forgoing treatment altogether.

The increased use of telehealth during the pandemic is a particularly vital resource for “high-risk” individuals, including seniors, those with underlying medical problems, and those living in rural areas. Increased access to telehealth is also critically important to address behavioral health needs. [A recent survey by the California Health Care Foundation](#) reported that 76% of safety-net-providers (and 79% of all providers) report using telehealth – nearly double the amount from before the pandemic. Additionally, 72% of patients surveyed reported they were more, or just as satisfied with their telehealth visit, and more than 70% of low-income patients would like to have telehealth options post pandemic.

More importantly, telehealth helps expand health care access and address many of our existing health inequities. According to the CDC, the ongoing COVID-19 pandemic has exacerbated existing barriers to healthcare for racial and ethnic minority groups, representing the majority of California’s essential workforce. [The UCLA Latino Policy & Politics Initiative reports](#) that over 7 million Latinos, African Americans, and Native Americans live in an area experiencing a healthcare provider shortage and as a result could receive improved access to healthcare through expanding telehealth.

For many low-income Californians, the lack of transportation, availability of childcare, ability to take time off work, and cultural differences between patients and providers are often insurmountable challenges preventing people from accessing effective healthcare. As such, the increased use of telehealth will result in greater accessibility of healthcare, in addition to improved continuity of care.

### **THIS BILL**

AB 32 ensures that the expanded telehealth authorizations our state has been granted because of the COVID-19 emergency that allow for increased access to care remotely through video and telephone visits in Medi-Cal are not lost. The bill also ensures that medical professionals are paid equitably for their work, regardless of their patient’s coverage type or location.

### **Specifically, AB 32:**

- Ensures parity in reimbursement for telehealth services provided through Medi-Cal managed care plans.
- Authorizes a provider to enroll or recertify an individual in specified Medi-Cal programs remotely.
- Requires DHCS to convene an advisory group by January 2022, including representatives from community health centers, public hospitals, Medi-Cal managed care plans, consumer groups, labor organizations, behavioral health providers, and counties. The advisory shall provide input on the development of an evaluation and revisions to telehealth that promote the use of telehealth to achieve increased access to high-quality healthcare.
- Requires DHCS to complete an evaluation to assess the benefits of telehealth in Medi-Cal by December 2024, including an analysis of improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth.
- Instructs DHCS to report its findings and recommendations back to the Legislature by July 1, 2025.

The COVID-19 Pandemic has demonstrated that telehealth is a vital tool in ensuring access to care and must continue beyond the pandemic. AB 32 ensures telehealth can continue, increasing access to health care services for all Californians, particularly our Medi-Cal beneficiaries and most vulnerable communities.



## Assemblymember Cecilia Aguiar-Curry, 4th Assembly District

### AB 32 – Telehealth: Expanding Healthcare Accessibility

---

#### **CO-SPONSORS**

California Association of Public Hospitals and Health Systems  
(CAPH)

California Health+ Advocates/California Primary Care  
Association (CPCA)

California Medical Association (CMA)

Essential Access Health (EAH)

Planned Parenthood Affiliates of California (PPAC)

#### **CONTACT**

Samantha Samuelsen | Senior Legislative Aide

(916) 319-2004 (O) || (650) 678-0530 (C)

[Samantha.Samuelsen@asm.ca.gov](mailto:Samantha.Samuelsen@asm.ca.gov)