

AB457: RESTRICTING PATIENTS' ACCESS TO CARE

Despite AB457's title - the "**Protection of Patient Choice in Telehealth Provider Act**" - this legislation actually places numerous restrictions on how a patient can access a telehealth provider and removes the patient's ability to choose the provider that they wish to receive care from. Rather, the current bill language eradicates market options that may offer more convenient and affordable quality health care to California patients.

Specifically, the bill prohibits a health plan or insurer from "arranging for the provision of" a service via telehealth through an undefined "third-party corporate provider" unless the services are not available through a contracting individual health professional, clinic, or health facility consistent within the referenced time and distance standards. In practice, this means that if there is a contracted provider within a plan's or insurer's network that an enrollee can access care from via telehealth within 48/96 hours for urgent care or 10 days for nonurgent care then the patient would not be able to freely choose another telehealth provider.

This standard would be problematic to overcome and would arbitrarily lead to longer wait times for patients, a less efficient healthcare system, higher costs, and ultimately less choice and convenience for patients.

Stakeholders have also has raised several questions regarding key issues that have been left unanswered, including:

- Exactly what problem is this bill attempting to solve? If the issue is making sure that the patient's primary care physician receives records of a telehealth visit or informing patients that they can see their primary care provider, restricting patients' access to providers does not achieve these objectives.
- What does "arrange for the provision of a service" mean definitionally and in actual practice? When does an insurer "arrange" care for a patient and how would that affect a patient's ability to receive patient-centered care?
- What benefits are there to restricting a patient's healthcare options? As long as a provider is state-licensed and meets the standard of care, shouldn't patients be able to choose whichever provider best suits their needs?
- Who is a "third-party corporate telehealth provider" and why is it not defined in the bill? Why is "corporate" included when state law requires any provider, health system, etc. to be registered as some sort of legal corporation?
- What is the benefit of making patients wait up to 10 days to receive care from a traditional care provider when it's possible that a telehealth provider could see them immediately?
- What is the information that insurers will be required to provide regarding telehealth services – including the names of providers and the services they provide - to be used for? Are similar disclosures required for traditional providers?

OPPOSITION TO AB457 INCLUDES

