



March 23, 2023

The Honorable Jim Wood
Chair, Committee on Health
California State Assembly
Capitol Office, 1020 N Street, Suite 390
P.O. Box 942849-0002

The Honorable Marie Waldron
Vice-Chair, Committee on Health
California State Assembly
Capitol Office, 1021 O Street, Suite 6140
P.O. Box 942849-0075

RE: ATA ACTION SUPPORT FOR AB 1241

Dear Chair Wood, Vice-Chair Waldron and members of the California State Assembly Committee on Health,

On behalf of ATA Action, I am writing to express support for AB 1241 related to Medi-Cal telehealth policy.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action strongly supports patient choice in care settings (whether telehealth or in-person care) and also believes telehealth providers should have protocols in place for assisting patients in situations during which the provider determines that virtual care is not sufficient to meet the standard of care for the patient's condition. However, the provisions currently in statute go far beyond these objectives and would hold telehealth services to a far higher standard than in-person care settings as it would essentially require the provider to become the patient's personal scheduler.

Current statute requires that, beginning in 2024, Medi-Cal providers offering care through telehealth either (a) offer the service in person or (b) arrange for a referral to, and a facilitation of, in-person care that does not require a patient to contact a different provider independently to arrange for that care. This policy was enacted by AB 32 which passed the legislature last year, despite the concerns of the telehealth community. Not only are these requirements unrealistic due to the inability of most providers to schedule patients with another provider, but they are far more restrictive than referral requirements for identical care under commercial health plans. When California patients go to a traditional provider's office in person and the provider determines that the patient needs more specialized care, the provider is not required to "arrange" or "facilitate" an appointment with a specialist in person or even provide the patient with a referral to a specific specialist who could serve the patient's medical needs. This "hot-handoff"

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



provision for patient referral unduly limits telehealth practice and makes it more difficult for patients to receive care. Allowing this provision to go into effect on January 1, 2024 would be especially detrimental to California's vulnerable populations who rely on the Medi-Cal program for healthcare.

If allowed to go into effect, this provision would also restrict access to care for many Californians by cutting off the ability of telehealth to address provider and specialist shortages throughout the state. In fearing that they would not be able to comply with this referral requirement, many providers will simply choose not to enroll in the Medi-Cal program. Under the pending language, California-licensed telehealth providers without a brick-and-mortar presence in California would not be able to deliver services to California patients if they do not have access to – or the bandwidth to meet – the requisite scheduling capabilities to comply with the hot handoff requirements. Additionally, any telehealth provider with an in-state office location who hopes to avoid the burdensome referral obligations placed on providers would only be able to see patients within reasonable travelling distance. These kinds of arbitrary and clinically unsubstantiated geographic barriers are precisely what telehealth technologies are designed to eliminate.

AB 1241 is crucial legislation that will clean up this aspect of AB 32 before the implementation date of January 1, 2024 and serve as an important step forward for Medi-Cal's telehealth policy. AB 1241 adds additional options for providers to meet the requirements in AB 32. Specifically, the bill states that Medi-Cal providers offering services via telehealth can meet statutory requirements for patient referral by maintaining protocols for appropriate in-person care, consistent with recognized standards of practice, for instances when the standard of care cannot be met via telehealth modalities. This change will allow more licensed healthcare providers to provide telehealth care to Medi-Cal patients without unnecessary administrative barriers, lowering patient protections or the quality of care delivered. Additionally, this legislation will align Medi-Cal with standards for in-person care, reducing confusion for both providers and patients who may utilize both in-person and telehealth modalities.

We thank you for the opportunity to comment. We urge you and your colleagues to support AB 1241 in the interest of ensuring efficient and effective access to high-quality, affordable health care. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telehealth policy in California. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley
Executive Director
ATA Action

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org