



March 24, 2021

The Honorable Gavin Newsom
Governor, State of California
State Capitol Building, First Floor
Sacramento, CA 95814

Re: FY 2021-22 Proposed Telehealth Trailer Bill Language – STRONG CONCERNS

Dear Governor Newsom:

On behalf of [Health Center Partners of Southern California](#) and its 17-member primary care organizations, which together serve more than 917,000 patients each year, for 3.9 million patient visits each year, at 160 practice sites across San Diego, Riverside, and Imperial counties, **I respectfully write today to express my deep concerns with the Department of Health Care Services' (DHCS) post-pandemic telehealth policy recommendations ("telehealth proposal") and the corresponding trailer bill language published by the Department of Finance on February 2, 2021.**

To ensure the FY21-22 budget bolsters the health of all Californians, and that California's network of Community Health Centers (CHCs) are well positioned to be partners in their communities for an equitable COVID-19 recovery, **I urgently request the administration take swift action to align its telehealth proposal with AB 32 (Aguiar-Curry), which provides a comprehensive vision for post-pandemic telehealth policy.**

Specifically, I request the administration amend its proposal to:

- **UPHOLD FQHC/RHC FLEXIBILITIES AND PAYMENT FOR AUDIO ONLY MODALITIES:** Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) must be able to maintain all current telehealth flexibilities and payments for both audio-video and audio only modalities.
- **MAINTAIN PAYMENT PARITY ACROSS ALL TELEHEALTH MODALITIES:** Like the commercial plan environment, all Med-Cal providers must receive the same payment for synchronous audio-video visits, asynchronous, and audio only modalities.
- **EQUITABLY EXPAND REMOTE PATIENT MONITORING:** Medi-Cal policy must match the increasing trends in remote patient monitoring by establishing policy that allows all Med-Cal beneficiaries, regardless of their provider, to benefit from this evolving technology.
- **CONTINUE REMOTE ENROLLMENT IN MEDI-CAL:** With a strong linkage between coverage enrollment and access to care, remote enrollment into all limited scope Medi-Cal programs must be maintained.

This telehealth proposal and the \$94.8 million ongoing funding for expanded telehealth is a starting point. Without significant amendments, it only undermines the drive for a more equitable health care delivery system. **If enacted in its current form, it will set the stage for a post-pandemic Medi-Cal environment without telehealth innovations, an environment that propels some communities forward while leaving others behind.**

PRIORITY: UPHOLD FQHC/RHC FLEXIBILITIES AND PAYMENT FOR AUDIO ONLY MODALITIES

- Prior to the COVID-19 Public Health Emergency (PHE), CHCs could not be reimbursed for audio-only visits. This pandemic, and the state's critical policy pivot in March 2020, had an immediate impact on pandemic care and completely transformed care delivery, while producing significant improvements in patient and provider satisfaction.
- **The explicit exemption of FQHCs/RHCs from the proposed audio only policy creates new, and concerning, bifurcation within the Medi-Cal delivery system.**

Nearly 82,000 San Diego households do not have access to the Internet, and low-income and rural households are most disadvantaged, census data [shows](#). Yet there are many barriers preventing equitable access in the county. It's expensive to build-out fixed broadband networks in **rural areas like Fallbrook and Rainbow**. Major providers don't provide service in parts of those communities, and few local Internet service providers do. And when major providers do provide service in those areas, they aren't the fastest speeds — which can make video browsing and downloading files difficult. Contracts between city officials and Internet service providers to expand 5G coverage have left out marginalized and poorer communities in **places like San Ysidro**.

While the administration notes the potential of a yet-to-be-designed alternative payment methodology (APM) to create a future opening for telephonic care in FQHC/RHC setting, patients and communities cannot wait. The administration must create a bridge from today to the future when an APM is implemented. **Without an immediate action to allow PPS reimbursement rates for audio only visits there will be a devastating multi-year gap.**

Additionally, the new telehealth proposal states that audio only modalities can only be utilized for established patients. **It is critical that this modality be accessible to all – regardless of whether or not they have an established relationship with a Medi-Cal provider.**

PRIORITY: EQUITABLY EXPAND REMOTE PATIENT MONITORING

- Remote patient monitoring (RPM) is an exciting and rapidly evolving area of innovation. It is disappointing CHC patients are left out of this proposal.
- Like the proposal's approach to audio-only modalities, this is a devastating and inconsistent policy change that will move forward some providers and communities while leaving behind 1 in 3 Medi-Cal beneficiaries.
- **I strongly request remote patient monitoring benefits be extended to all Medi-Cal beneficiaries, regardless of their chosen medical home.**

PRIORITY: CONTINUE REMOTE ENROLLMENT IN MEDI-CAL

- Lastly, the telehealth proposal is silent on enrollment advancements that occurred through the PHE flexibilities, which allowed providers to enroll and re-enroll persons in Medi-Cal programs without the individual needing to be in-person or completing electronicsignature requirements.
- These flexibilities are needed across Medi-Cal programs, including all limited scope Medi-Cal programs, as program enrollment is key to access to care and supporting persons recovering from COVID-19.
- **I strongly request the administration incorporate remote enrollment in its proposal.**



California can do better. Our patients deserve better. With the promising fiscal projections for this year, the American Rescue Plan and new federal leadership guiding our states forward, we can do just that.

For these reasons, Health Center Partners and our 17 member organizations urge the Governor and the Legislature to take action to adopt trailer bill language in this session that aligns with AB 32 (Aguir-Curry) and that supports the telehealth access and innovation key to California's recovery.

Sincerely,

A handwritten signature in blue ink that reads "Henry N. Tuttle".

Henry N. Tuttle
President and CEO

cc: The Honorable Nancy Skinner, Chair, Senate Committee on Budget
The Honorable Philip Ting, Chair, Assembly Committee on Budget
Dr. Mark Ghaly, Secretary, California Health and Human Services

[Health Center Partners of Southern California](#), a family of companies, includes a 17-membership organization of federally qualified health centers, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, collectively serving 917,000 patients each year, for 3.9 million patient visits each year, at 160 practice sites across San Diego, Riverside seventh largest provider group in the region. [Read our latest Impact Report.](#)