

April 19, 2021

The Honorable Jim Wood Chair, Assembly Health Committee State Capitol Building, Room 6005 Sacramento, California 95814

Re: AB 32 (Aguiar-Curry) – Telehealth. SUPPORT!

Dear Chairman Wood:

On behalf of <u>Health Center Partners of Southern California</u> 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 <u>I respectfully request</u> your "AYE" vote on AB 32, which will soon be heard by the Assembly Health Committee.

Telehealth (including telephonic or audio-only care) has been critical for Community Health Center (CHC) patients to access quality care during the pandemic. It will also continue to be critical post-pandemic. Access to telehealth decreases barriers and increases access to care for CHC patients and reduces no-show rates significantly.

Specifically, telephonic (audio-only) care has become a reliable modality of care during the pandemic. Recent surveys conducted by the California Health Care Foundation reported a significant demand shift among Medi-Cal patients to utilizing telehealth and telephone visits. The survey found most patients would like the option of a telephone or video visit and would likely choose a phone or video visit over an in-person visit, whenever possible.

Regardless of a patient's native language, culture or zip code, AB 32 would ensure telehealth and telephonic care would be available to all Medi-Cal patients. Specifically, AB 32 would allow all Medi-Cal providers, including CHCs and Rural Health Clinics, to render telehealth and telephonic care that is clinically appropriate and necessary. Also, AB32 would help ensure there would be no gaps in services between the public health emergency's termination and a future global Alternative Payment Methodology (APM).

CHC patients are especially vulnerable to gaps in care. The current public health crisis has highlighted the existing socioeconomic barriers and inequities that prevent many patients from accessing care. **Due to the high cost of internet access and computing devices and inadequate broadband infrastructure, 1 in 8 California households lacks internet access.** California households still rely on cell phones even when accessing care and many older patients lack comfort with video platforms. Patients have also noted discomfort, fear, and even embarrassment when required to show their home environments on screen to their providers.

Locally, nearly 82,000 San Diego households do not have access to the Internet, and low-income and rural households are the most disadvantaged, census data shows. Yet, there are many barriers preventing equitable access in the county. For example, expenses prohibit the build-out of fixed



broadband networks in **rural areas like Fallbrook and Rainbow.** Moreover, when major Internet Service Providers (ISPs) do provide services they aren't the high internet speeds (5G), which can make telehealth visits frustrating and unreliable. Contracts between city officials and ISPs to expand 5G coverage have left out marginalized and poorer communities in **places like San Ysidro**.

I appreciate the ongoing dialog occurring between the Assembly Health Committee, Assemblymember Aguiar-Curry, and stakeholders to guarantee a bill that would provide CHCs the support they need to bridge gaps in care and to address longstanding inequities. Most importantly, the commitment to further study and analyze the use of telehealth and telephonic care will allow data to be collected and studied on how the different modalities are used to support medical and behavioral health services to further inform future payment systems.

I firmly support AB 32, and respectfully request your "AYE" vote when it comes before you in committee.

Sincerely,

Henry N. Tuttle

fung w. Tarke

President and Chief Executive Officer

cc: Members of the Assembly Health Committee Assemblymember Aguiar-Curry

<u>Health Center Partners of Southern California</u>, 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. <u>Read our latest Impact Report</u>.