California Health Benefits Review Program

Multi-disciplinary Legislative Analysis on Behalf of the California Legislature

Analysis of Expansion of Telehealth Coverage

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AGENDA

• About CHBRP
• Telehealth landscape in California
• Two requests from the Legislature
• Key deliverables and findings
• Status of legislation and other policy changes
• CHBRP’s process
• Conclusion
CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM (CHBRP)

- Independent analytic resource located in the University of California
- Multi-disciplinary
- Provides rapid, evidence-based information to the Legislature
- Neutral analysis of introduced bills at the request of the Legislature
CHBRP’S CHARGE

Policy Context

Background

Medical Effectiveness

Benefit Coverage & Cost Projections

Public Health Impacts

Long Term Health Impacts
TELEHEALTH LANDSCAPE IN 2020/2021

- Previous telehealth legislation in CA (coverage requirements, reimbursement parity, definitions, etc.)
- COVID-19 and the Public Health Emergency
- Renewed interest in coverage expansion and reimbursement parity
- The Department of Health Care Services telehealth proposal
REQUESTS FROM THE LEGISLATURE

• Supporting informational hearing in February: Current State of the Evidence of Telehealth Brief

• Full analysis of Assembly Bill 32 once amended (beginning in February and publishing in April)
# Differences in Telehealth Policy and Proposals

## Commercial

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Law</th>
<th>Assembly Bill 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Video</td>
<td>Implicit coverage and reimbursement at parity</td>
<td>Explicit coverage requirement</td>
</tr>
<tr>
<td>Telephonic (audio-only)</td>
<td>Current interpretation of telehealth definition does not apply to telephonic modalities</td>
<td>Explicitly includes coverage and parity requirement</td>
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## Medicaid

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Law</th>
<th>Assembly Bill 32</th>
<th>DHCS Proposal (Medicaid only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Video</td>
<td>Covered for new and established patients (FQHCs – established only)</td>
<td>Requires coverage and reimbursement parity for all beneficiaries</td>
<td>Coverage and reimbursement parity (FQHCs- some services in home)</td>
</tr>
<tr>
<td>Telephonic (audio-only)</td>
<td>Virtual check ins only (FQHCs – not covered)</td>
<td>Requires coverage and reimbursement parity for all beneficiaries</td>
<td>Coverage but no parity</td>
</tr>
</tbody>
</table>
### MEDICAL EFFECTIVENESS FINDINGS

<table>
<thead>
<tr>
<th>Equivalent to In-Person Services</th>
<th>Use of Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>Process of Care</td>
</tr>
<tr>
<td>Live Video</td>
<td>Preponderance of evidence - effective</td>
</tr>
<tr>
<td>Telephone</td>
<td>Preponderance of evidence - effective</td>
</tr>
</tbody>
</table>

Live video vs telephone: preponderance of evidence that behavioral health services are comparable for health outcomes
DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH

- Disparities in access to and use of telehealth exist by: income, race/ethnicity, geography (urban and rural), and technological barriers
- Expanding coverage and reimbursement for both telephonic and live video will likely lead to reductions in these disparities
WHAT HAPPENED NEXT

• Status of Assembly Bill 32
• Department of Health Care Services proposal
• California budget
• Remaining gaps and uncertainty
IT TAKES A VILLAGE...

• In order to complete analyses within 60 days, CHBRP:
  • Has existing contracts with faculty and researchers across the UC system
  • Clearly defines section content and methods
  • Provides tools to complete actions quickly
CONCLUSION

• Rapid analyses of changing policy topics is possible
• Telehealth will continue to be a topic of interest in California
• More evidence is emerging to support policy decision makers (but distilling it will take effort)
Questions?

Available at www.chbrp.org:

Current State of the Evidence of Telehealth (Feb 2021)

Analysis of Assembly Bill 32 (April 2021)

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