

California  
Health Benefits  
Review Program

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# Multi-disciplinary Legislative Analysis on Behalf of the California Legislature

## *Analysis of Expansion of Telehealth Coverage*

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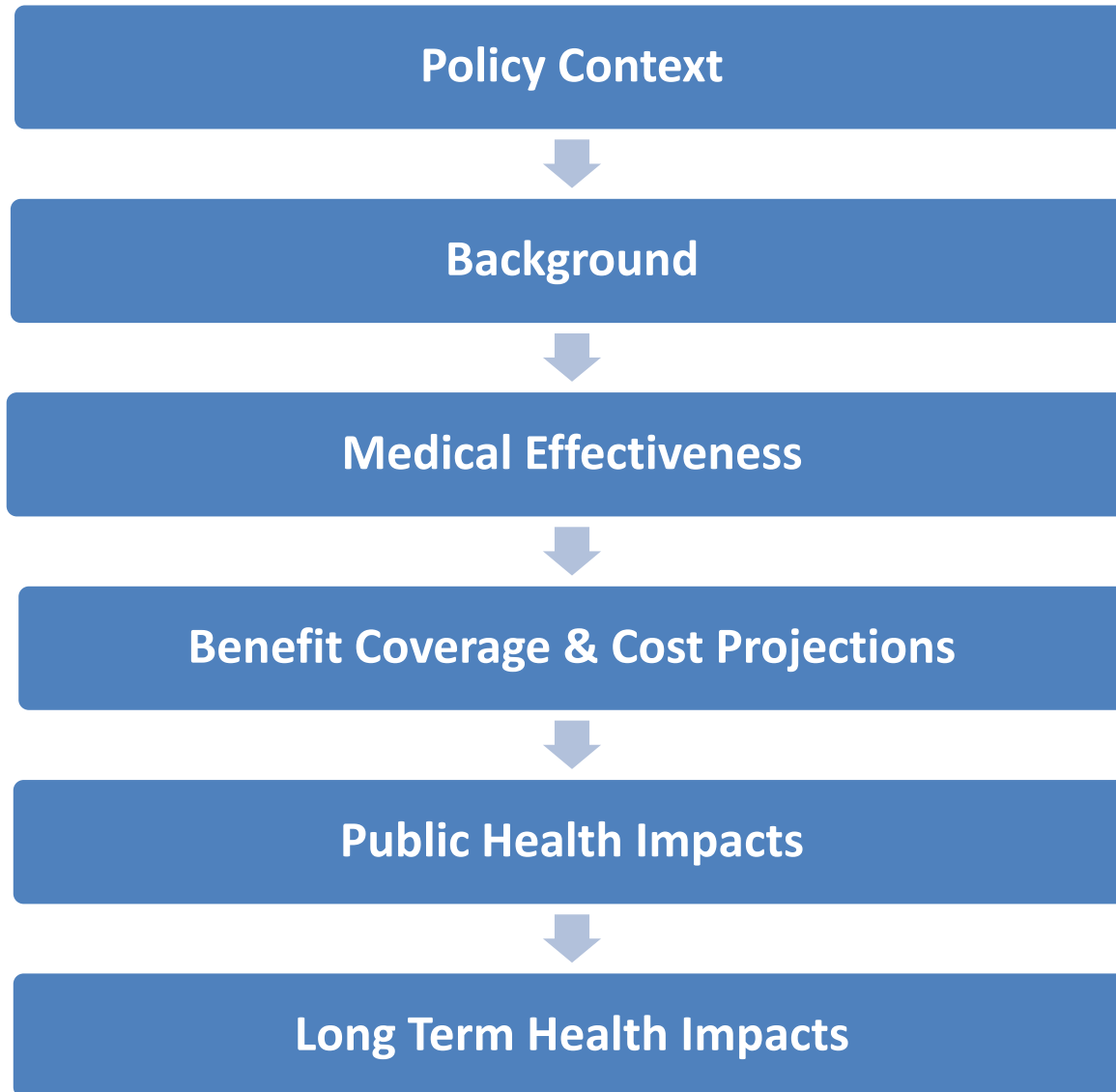
# AGENDA

- 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

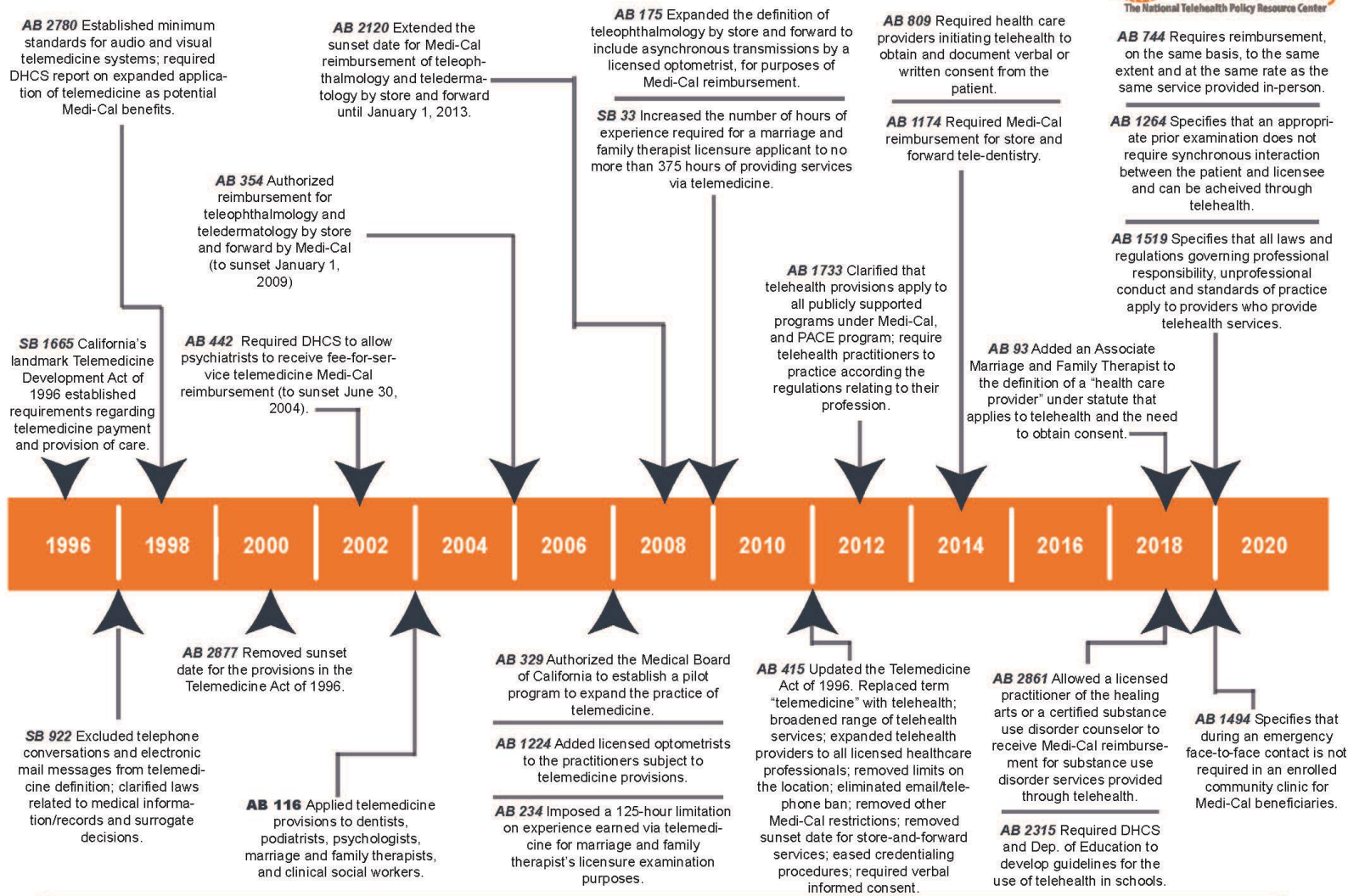
# CHBRP'S CHARGE



## TELEHEALTH IN CALIFORNIA: LEGISLATIVE HISTORY

# 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

	Current Law	Assembly Bill 32
Live Video	Implicit coverage and reimbursement at parity	Explicit coverage requirement
Telephonic (audio-only)	Current interpretation of telehealth definition does not apply to telephonic modalities	Explicitly includes coverage and parity requirement

## Medicaid

	Current Law	Assembly Bill 32	DHCS Proposal (Medicaid only)
Live Video	Covered for new and established patients (FQHCs – established only)	Requires coverage and reimbursement parity for all beneficiaries	Coverage and reimbursement parity (FQHCs- some services in home)
Telephonic (audio-only)	Virtual check ins only (FQHCs – not covered)	Requires coverage and reimbursement parity for all beneficiaries	Coverage but no parity

## MEDICAL EFFECTIVENESS FINDINGS

	Equivalent to In-Person Services		Use of Other Services
	Health Outcomes	Process of Care	Access and Utilization
<b>Live Video</b>	Preponderance of evidence - effective	Clear and Convincing – effective	Limited evidence – effective
<b>Telephone</b>	Preponderance of evidence - effective	Inconclusive	Inconclusive

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](http://www.chbrp.org):

**Current State of the Evidence of Telehealth (Feb 2021)**

**Analysis of Assembly Bill 32 (April 2021)**

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