

AMENDED IN ASSEMBLY FEBRUARY 12, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

**ASSEMBLY BILL**

**No. 32**

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**Introduced by Assembly Member Aguiar-Curry  
(Coauthors: Assembly Members Arambula, Bauer-Kahan, Burke,  
Cunningham, Cristina Garcia, Petrie-Norris, Quirk-Silva,  
Blanca Rubio, and Santiago)**

December 7, 2020

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An act to amend Section 2290.5 of the *Business and Professions Code*, to amend Section 1374.14 of the *Health and Safety Code*, to amend Section 10123.855 of the *Insurance Code*, and to amend Section 14087.95 of, and to add Sections ~~14092.4~~ 14092.4, 14132.721, and 14132.722 to, the *Welfare and Institutions Code*, relating to telehealth.

LEGISLATIVE COUNSEL'S DIGEST

AB 32, as amended, Aguiar-Curry. Telehealth.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately

following a proclamation declaring a state of emergency. Existing law defines “immediately following” for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Existing law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene.

This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer’s contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans. The bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in *specified* Medi-Cal programs through telehealth and other forms of virtual communication, *and would authorize a county eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication*, as specified.

*This bill would require health care services furnished by an enrolled clinic through telehealth to be reimbursed by Medi-Cal on the same basis, to the same extent, and at the same payment rate as those services*

are reimbursed if furnished in person. The bill would prohibit the State Department of Health Care Services from restricting the ability of an enrolled clinic to provide and be reimbursed for services furnished through telehealth. The bill would require the ~~State Department of Health Care Services~~ department to indefinitely continue the telehealth flexibilities in place during the COVID-19 pandemic state of emergency. The bill would require the department, by January 2022, to convene an advisory group with specified membership to provide input to the department on the development of a revised Medi-Cal telehealth policy that promotes specified principles. The bill would require the department, by December 2024, to complete an evaluation to assess the benefits of telehealth in Medi-Cal, including an analysis of improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth. The bill would require the department to report its findings and recommendations from the evaluation to the appropriate policy and fiscal committees of the Legislature no later than July 1, 2025.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. (a) The Legislature finds and declares all of the  
2 following:
- 3 (1) The Legislature has recognized the practice of telehealth as  
4 a legitimate means by which an individual may receive health care  
5 services from a health care provider without in-person contact with  
6 the provider, and enacted protections in Section 14132.72 of the  
7 Welfare and Institutions Code to prevent the State Department of  
8 Health Care Services from restricting or limiting telehealth  
9 services.
- 10 (2) The use of telehealth was expanded during the COVID-19  
11 pandemic public health emergency and has proven to be an  
12 important modality for patients to stay connected to their health  
13 care providers. Telehealth has been especially critical for  
14 California's Medi-Cal patients.
- 15 (3) Patients have reported high satisfaction with telehealth,  
16 noting how easy it is to connect with their care teams without  
17 having to take time off work, find childcare, or find transportation  
18 to an in-person appointment.

1 (4) In addition to video access, audio-only care is essential  
2 because many patients have reported challenges accessing video  
3 technology due to limitations with data plans and internet access.

4 (5) Primary care and specialty care providers have found  
5 telehealth to be a critical access point to address a variety of health  
6 care needs, including helping patients manage chronic disease,  
7 adjust pain medications, and for followup visits after a procedure,  
8 among others.

9 (6) Behavioral health providers have found that offering  
10 telehealth has engaged patients in necessary care they would never  
11 have received if required to walk into a clinic.

12 (7) Health care providers have reported significant decreases  
13 in the number of missed appointments since telehealth became  
14 available, helping to ensure that patients receive high-quality care  
15 in a timely manner.

16 (8) Telehealth is widely available to individuals with health  
17 insurance in the commercial market, and existing law in Section  
18 1374.14 of the Health and Safety Code and Section 10123.855 of  
19 the Insurance Code requires commercial health care service plans  
20 and health insurers to pay for services delivered through telehealth  
21 services on the same basis as equivalent services furnished in  
22 person. Medi-Cal must evolve with the rest of the health care  
23 industry to achieve health equity for low-income Californians.

24 (9) The expanded telehealth options that patients and providers  
25 have relied on during the COVID-19 pandemic should continue  
26 to be available to Medi-Cal recipients after the public health  
27 emergency is over.

28 (b) It is the intent of the Legislature to continue the provision  
29 of telehealth in Medi-Cal, including video and audio-only  
30 technology, for the purposes of expanding access and enhancing  
31 delivery of health care services for beneficiaries.

32 *SEC. 2. Section 2290.5 of the Business and Professions Code*  
33 *is amended to read:*

34 2290.5. (a) For purposes of this division, the following  
35 definitions shall apply:

36 (1) “Asynchronous store and forward” means the transmission  
37 of a patient’s medical information from an originating site to the  
38 health care provider at a distant site.

1 (2) “Distant site” means a site where a health care provider who  
2 provides health care services is located while providing these  
3 services via a telecommunications system.

4 (3) “Health care provider” means any of the following:

5 (A) A person who is licensed under this division.

6 (B) An associate marriage and family therapist or marriage and  
7 family therapist trainee functioning pursuant to Section 4980.43.3.

8 (C) A qualified autism service provider or qualified autism  
9 service professional certified by a national entity pursuant to  
10 Section 1374.73 of the Health and Safety Code and Section  
11 10144.51 of the Insurance Code.

12 (4) “Originating site” means a site where a patient is located at  
13 the time health care services are provided via a telecommunications  
14 system or where the asynchronous store and forward service  
15 originates.

16 (5) “Synchronous interaction” means a real-time ~~interaction~~  
17 *interaction, including, but not limited to, audiovideo, audio only,*  
18 *such as telephone, and other virtual communication,* between a  
19 patient and a health care provider located at a distant site.

20 (6) “Telehealth” means the mode of delivering health care  
21 services and public health via information and communication  
22 technologies to facilitate the diagnosis, consultation, treatment,  
23 education, care management, and self-management of a patient’s  
24 health care. Telehealth facilitates patient self-management and  
25 caregiver support for patients and includes synchronous interactions  
26 and asynchronous store and forward transfers.

27 (b) Before the delivery of health care via telehealth, the health  
28 care provider initiating the use of telehealth shall inform the patient  
29 about the use of telehealth and obtain verbal or written consent  
30 from the patient for the use of telehealth as an acceptable mode of  
31 delivering health care services and public health. The consent shall  
32 be documented.

33 (c) This section does not preclude a patient from receiving  
34 in-person health care delivery services during a specified course  
35 of health care and treatment after agreeing to receive services via  
36 telehealth.

37 (d) The failure of a health care provider to comply with this  
38 section shall constitute unprofessional conduct. Section 2314 shall  
39 not apply to this section.

1 (e) This section shall not be construed to alter the scope of  
2 practice of a health care provider or authorize the delivery of health  
3 care services in a setting, or in a manner, not otherwise authorized  
4 by law.

5 (f) All laws regarding the confidentiality of health care  
6 information and a patient’s rights to the patient’s medical  
7 information shall apply to telehealth interactions.

8 (g) All laws and regulations governing professional  
9 responsibility, unprofessional conduct, and standards of practice  
10 that apply to a health care provider under the health care provider’s  
11 license shall apply to that health care provider while providing  
12 telehealth services.

13 (h) This section shall not apply to a patient under the jurisdiction  
14 of the Department of Corrections and Rehabilitation or any other  
15 correctional facility.

16 (i) (1) Notwithstanding any other law and for purposes of this  
17 section, the governing body of the hospital whose patients are  
18 receiving the telehealth services may grant privileges to, and verify  
19 and approve credentials for, providers of telehealth services based  
20 on its medical staff recommendations that rely on information  
21 provided by the distant-site hospital or telehealth entity, as  
22 described in Sections 482.12, 482.22, and 485.616 of Title 42 of  
23 the Code of Federal Regulations.

24 (2) By enacting this subdivision, it is the intent of the Legislature  
25 to authorize a hospital to grant privileges to, and verify and approve  
26 credentials for, providers of telehealth services as described in  
27 paragraph (1).

28 (3) For the purposes of this subdivision, “telehealth” shall  
29 include “telemedicine” as the term is referenced in Sections 482.12,  
30 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

31 ~~SEC. 2.~~

32 *SEC. 3.* Section 1374.14 of the Health and Safety Code is  
33 amended to read:

34 1374.14. (a) (1) A contract between a health care service plan  
35 and a health care provider for the provision of health care services  
36 to an enrollee or subscriber shall specify that the health care service  
37 plan shall reimburse the treating or consulting health care provider  
38 for the diagnosis, consultation, or treatment of an enrollee or  
39 subscriber appropriately delivered through telehealth services on  
40 the same basis and to the same extent that the health care service

1 plan is responsible for reimbursement for the same service through  
2 in-person diagnosis, consultation, or treatment.

3 (2) This section does not limit the ability of a health care service  
4 plan and a health care provider to negotiate the rate of  
5 reimbursement for a health care service provided pursuant to a  
6 contract subject to this section. Services that are the same, as  
7 determined by the provider’s description of the service on the  
8 claim, shall be reimbursed at the same rate whether provided in  
9 person or through telehealth. When negotiating a rate of  
10 reimbursement for telehealth services for which no in-person  
11 equivalent exists, a health care service plan and the provider shall  
12 ensure the rate is consistent with subdivision (h) of Section 1367.

13 (3) This section does not require telehealth reimbursement to  
14 be unbundled from other capitated or bundled, risk-based payments.

15 (4) If a health care service plan delegates responsibility for the  
16 performance of the duties described in this section to a contracted  
17 entity, including a medical group or independent practice  
18 association, then the delegated entity shall comply with this section.

19 (5) The obligation of a health care service plan to comply with  
20 this section shall not be waived if the plan delegates services or  
21 activities that the plan is required to perform to its provider or  
22 another contracting entity. A plan’s implementation of this section  
23 shall be consistent with the requirements of the Health Care  
24 Providers’ Bill of Rights, and a material change in the obligations  
25 of a plan’s contracting network providers shall be considered a  
26 material change to the provider contract, within the meaning of  
27 subdivision (b) Section 1375.7.

28 (b) (1) A health care service plan contract shall specify that the  
29 health care service plan shall provide coverage for health care  
30 services appropriately delivered through telehealth services on the  
31 same basis and to the same extent that the health care service plan  
32 is responsible for coverage for the same service through in-person  
33 diagnosis, consultation, or treatment. Coverage shall not be limited  
34 only to services delivered by select third-party corporate telehealth  
35 providers.

36 (2) This section does not alter the obligation of a health care  
37 service plan to ensure that enrollees have access to all covered  
38 services through an adequate network of contracted providers, as  
39 required under Sections 1367, 1367.03, and 1367.035, and the  
40 regulations promulgated thereunder.

1 (3) This section does not require a health care service plan to  
2 cover telehealth services provided by an out-of-network provider,  
3 unless coverage is required under other law.

4 (c) A health care service plan may offer a contract containing  
5 a copayment or coinsurance requirement for a health care service  
6 delivered through telehealth services, provided that the copayment  
7 or coinsurance does not exceed the copayment or coinsurance  
8 applicable if the same services were delivered through in-person  
9 diagnosis, consultation, or treatment. This subdivision does not  
10 require cost sharing for services provided through telehealth.

11 (d) Services provided through telehealth and covered pursuant  
12 to this chapter shall be subject to the same deductible and annual  
13 or lifetime dollar maximum as equivalent services that are not  
14 provided through telehealth.

15 (e) The definitions in subdivision (a) of Section 2290.5 of the  
16 Business and Professions Code apply to this section.

17 ~~SEC. 3.~~

18 *SEC. 4.* Section 10123.855 of the Insurance Code is amended  
19 to read:

20 10123.855. (a) (1) A contract between a health insurer and a  
21 health care provider for an alternative rate of payment pursuant to  
22 Section 10133 shall specify that the health insurer shall reimburse  
23 the treating or consulting health care provider for the diagnosis,  
24 consultation, or treatment of an insured or policyholder  
25 appropriately delivered through telehealth services on the same  
26 basis and to the same extent that the health insurer is responsible  
27 for reimbursement for the same service through in-person  
28 diagnosis, consultation, or treatment.

29 (2) This section does not limit the ability of a health insurer and  
30 a health care provider to negotiate the rate of reimbursement for  
31 a health care service provided pursuant to a contract subject to this  
32 section. Services that are the same, as determined by the provider's  
33 description of the service on the claim, shall be reimbursed at the  
34 same rate whether provided in person or through telehealth. When  
35 negotiating a rate of reimbursement for telehealth services for  
36 which no in-person equivalent exists, a health insurer and the  
37 provider shall ensure the rate is consistent with subdivision (a) of  
38 Section 10123.137.

39 (3) If a health insurer delegates responsibility for the  
40 performance of the duties described in this section to a contracted

1 entity, including a medical group or independent practice  
2 association, then the delegated entity shall comply with this section.

3 (4) The obligation of a health insurer to comply with this section  
4 shall not be waived if the insurer delegates services or activities  
5 that the insurer is required to perform to its provider or another  
6 contracting entity. An insurer's implementation of this section  
7 shall be consistent with the requirements of the Health Care  
8 Providers' Bill of Rights, and a material change in the obligations  
9 of an insurer's contracting network providers shall be considered  
10 a material change to the provider contract, within the meaning of  
11 subdivision (b) Section 10133.65.

12 (b) (1) A policy of health insurance that provides benefits  
13 through contracts with providers at alternative rates of payment  
14 shall specify that the health insurer shall provide coverage for  
15 health care services appropriately delivered through telehealth  
16 services on the same basis and to the same extent that the health  
17 insurer is responsible for coverage for the same service through  
18 in-person diagnosis, consultation, or treatment. Coverage shall not  
19 be limited only to services delivered by select third-party corporate  
20 telehealth providers.

21 (2) This section does not alter the existing statutory or regulatory  
22 obligations of a health insurer to ensure that insureds have access  
23 to all covered services through an adequate network of contracted  
24 providers, as required by Sections 10133 and 10133.5 and the  
25 regulations promulgated thereunder.

26 (3) This section does not require a health insurer to deliver health  
27 care services through telehealth services.

28 (4) This section does not require a health insurer to cover  
29 telehealth services provided by an out-of-network provider, unless  
30 coverage is required under other law.

31 (c) A health insurer may offer a policy containing a copayment  
32 or coinsurance requirement for a health care service delivered  
33 through telehealth services, provided that the copayment or  
34 coinsurance does not exceed the copayment or coinsurance  
35 applicable if the same services were delivered through in-person  
36 diagnosis, consultation, or treatment. This subdivision does not  
37 require cost sharing for services provided through telehealth.

38 (d) Services provided through telehealth and covered pursuant  
39 to this chapter shall be subject to the same deductible and annual

1 or lifetime dollar maximum as equivalent services that are not  
2 provided through telehealth.

3 (e) The definitions in subdivision (a) of Section 2290.5 of the  
4 Business and Professions Code apply to this section.

5 ~~SEC. 4.~~

6 *SEC. 5.* Section 14087.95 of the Welfare and Institutions Code  
7 is amended to read:

8 14087.95. (a) A county contracting with the department  
9 pursuant to this article shall be exempt from Chapter 2.2  
10 (commencing with Section 1340) of Division 2 of the Health and  
11 Safety Code for purposes of carrying out the contracts.

12 (b) (1) Notwithstanding subdivision (a), a county contracting  
13 with the department pursuant to this article shall comply with  
14 Section 1374.14 of the Health and Safety Code.

15 (2) If a county subcontracts for the provision of services pursuant  
16 to this article, as authorized under Section 14087.6, the  
17 subcontractor shall comply with Section 1374.14 of the Health  
18 and Safety Code.

19 ~~SEC. 5.~~ ~~Section 14092.4 is added to the Welfare and~~  
20 ~~Institutions Code, immediately following Section 14092.35, to~~  
21 ~~read:~~

22 ~~14092.4. For the purposes of enrolling patients in programs~~  
23 ~~administered through Medi-Cal, including the Family Planning,~~  
24 ~~Access, Care, and Treatment (Family PACT), presumptive~~  
25 ~~eligibility Programs, accelerated enrollment programs, and the~~  
26 ~~Medi-Cal Minor Consent program, a provider may determine~~  
27 ~~program eligibility, enroll, and recertify patients remotely through~~  
28 ~~telehealth and other virtual communication modalities, including~~  
29 ~~telephone, based on the current Medi-Cal program criteria. The~~  
30 ~~department may develop program policies and systems to support~~  
31 ~~implementation of offsite eligibility determination, enrollment,~~  
32 ~~and recertification.~~

33 *SEC. 6.* *Section 14092.4 is added to the Welfare and Institutions*  
34 *Code, immediately following Section 14092.35, to read:*

35 *14092.4. (a) To enroll individuals in Medi-Cal programs that*  
36 *permit onsite enrollment and recertification of individuals by a*  
37 *provider or county eligibility worker as applicable, the following*  
38 *shall apply:*

39 *(1) For the Family Planning, Access, Care, and Treatment*  
40 *(Family PACT), Presumptive Eligibility for Pregnant Women, and*

1 *Every Woman Counts programs, a provider may enroll or recertify*  
2 *an individual remotely through telehealth and other virtual*  
3 *communication modalities, including telephone, based on the*  
4 *current Medi-Cal program eligibility form or forms applicable to*  
5 *the specific program.*

6 *(2) For the Medi-Cal Minor Consent program, a county*  
7 *eligibility worker may determine eligibility for, or recertify*  
8 *eligibility for, an individual remotely through virtual*  
9 *communication modalities, including telephone.*

10 *(b) The department may develop program policies and systems*  
11 *to support implementation of remote eligibility determination,*  
12 *enrollment, and recertification, consistent with this section.*

13 *(c) Notwithstanding Chapter 3.5 (commencing with Section*  
14 *11340) of Part 1 of Division 3 of Title 2 of the Government Code,*  
15 *the department may implement, interpret, or make specific this*  
16 *section by means of all-county letters, plan letters, plan or provider*  
17 *bulletins, or similar instructions, without taking regulatory action.*

18 *SEC. 7. Section 14132.721 is added to the Welfare and*  
19 *Institutions Code, immediately following Section 14132.72, to*  
20 *read:*

21 *14132.721. (a) Notwithstanding any other law, health care*  
22 *services furnished by an enrolled clinic through telehealth shall*  
23 *be reimbursed by Medi-Cal on the same basis, to the same extent,*  
24 *and at the same payment rate as those services are reimbursed if*  
25 *furnished in person, consistent with this section.*

26 *(b) Consistent with the protections for health care providers set*  
27 *forth in the Telehealth Advancement Act of 2011, including Section*  
28 *14132.72, the department shall not restrict the ability of an enrolled*  
29 *clinic to provide and be reimbursed for services furnished through*  
30 *telehealth. Prohibited restrictions include all of the following:*

31 *(1) Requirements for face-to-face contact between an enrolled*  
32 *clinic provider and a patient.*

33 *(2) Requirements for a patient's or provider's physical presence*  
34 *at the enrolled clinic or any other location.*

35 *(3) Requirements for prior in-person contacts between the*  
36 *enrolled clinic and a patient.*

37 *(4) Requirements for documentation of a barrier to an in-person*  
38 *visit or a special need for a telehealth visit.*

39 *(5) Policies, including reimbursement policies, that impose*  
40 *more stringent requirements on telehealth services than equivalent*

1 services furnished in person. This paragraph does not prohibit  
2 policies that require all of the clinical elements of a service to be  
3 met as a condition of reimbursement.

4 (6) Limitations on the means or technologies through which  
5 telehealth services are furnished.

6 (c) Notwithstanding the in-person requirements of Section  
7 14132.100, if an enrolled clinic is also a federally qualified health  
8 center or a rural health center, the definition of “visit” set forth  
9 in subdivision (g) of Section 14132.100 includes a telehealth  
10 encounter to the same extent it includes an in-person encounter.

11 (d) This section does not eliminate the obligation of a health  
12 care provider to obtain verbal or written consent from the patient  
13 before delivery of health care via telehealth or the rights of the  
14 patient, pursuant to subdivisions (b) and (c) of Section 2290.5 of  
15 the Business and Professions Code.

16 (e) This section does not conflict with or supersede the  
17 requirements for health care service plan contracts set forth in  
18 Section 1374.14 of the Health and Safety Code and the  
19 requirements for health insurance policies set forth in Section  
20 10123.855 of the Insurance Code.

21 (f) This section does not limit reimbursement for or coverage  
22 of, or reduce access to, services provided through telehealth before  
23 the enactment of this section.

24 (g) The department shall require Medi-Cal managed care plans,  
25 through contract or otherwise, to adhere to the requirements of  
26 this section.

27 (h) Notwithstanding Chapter 3.5 (commencing with Section  
28 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
29 the department may implement, interpret, and make specific this  
30 section by means of all-county letters, plan letters, plan or provider  
31 bulletins, or similar instructions, without taking regulatory action.

32 (i) The department shall seek any necessary federal approvals  
33 and obtain federal financial participation in implementing this  
34 section. This section shall be implemented only to the extent that  
35 any necessary federal approvals are obtained and federal financial  
36 participation is available and not otherwise jeopardized.

37 (j) For purposes of this section:

38 (1) “Enrolled clinic” means any of the following:

39 (A) A clinic licensed pursuant to subdivision (a) of Section 1204  
40 of the Health and Safety Code.

1 (B) An intermittent clinic exempt from licensure under  
2 subdivision (h) of Section 1206 of the Health and Safety Code.

3 (C) A hospital or nonhospital-based clinic operated by the state  
4 or any of its political subdivisions, including the University of  
5 California, or a city, county, city and county, or hospital authority.

6 (D) A tribal clinic exempt from licensure under subdivision (c)  
7 of Section 1206 of the Health and Safety Code, or an outpatient  
8 setting conducted, maintained, or operated by a federally  
9 recognized Indian tribe, tribal organization, or urban Indian  
10 organization, as defined in Section 1603 of Title 25 of the United  
11 States Code.

12 (2) “Telehealth” has the same meaning as in subdivision (a) of  
13 Section 2290.5 of the Business and Professions Code, which  
14 includes audio-only telephone communication technologies.

15 ~~SEC. 6. Section 14132.722 is added to the Welfare and~~  
16 ~~Institutions Code, immediately following Section 14132.72, to~~  
17 ~~read:~~

18 *SEC. 8. Section 14132.722 is added to the Welfare and*  
19 *Institutions Code, immediately following Section 14132.721, to*  
20 *read:*

21 14132.722. (a) The department shall indefinitely continue the  
22 telehealth flexibilities in place during the COVID-19 pandemic,  
23 including those implemented pursuant to Section 14132.723.

24 (b) (1) By January 2022, the department shall convene an  
25 advisory group that includes representatives from community  
26 health centers, designated public hospitals, Medi-Cal managed  
27 care plans, consumer groups, labor organizations, behavioral health  
28 providers, counties, and other Medi-Cal providers.

29 (2) The advisory group shall provide input to the department  
30 on the development of a revised Medi-Cal telehealth policy that  
31 promotes all of the following principles:

32 (A) Telehealth shall be used as a means to promote timely and  
33 patient-centered access to health care.

34 (B) Patients, in conjunction with their providers, shall be offered  
35 their choice of service delivery mode. Patients shall retain the right  
36 to receive health care in person.

37 (C) Confidentiality and security of patient information shall be  
38 protected.

1 (D) Usual standard of care requirements shall apply to services  
2 provided via telehealth, including quality, safety, and clinical  
3 effectiveness.

4 (E) The department shall consider disparities in the utilization  
5 of, and access to, telehealth, and shall support patients and  
6 providers in increasing access to the technologies needed to use  
7 telehealth.

8 (F) When the care provided during a telehealth visit is  
9 commensurate with what would have been provided in person,  
10 payment shall also be commensurate.

11 (c) (1) By December 2024, the department shall complete an  
12 evaluation to assess the benefits of telehealth in Medi-Cal. The  
13 evaluation shall analyze improved access for patients, changes in  
14 health quality outcomes and utilization, and best practices for the  
15 right mix of in-person visits and telehealth.

16 (2) The department shall report its findings and  
17 recommendations on the evaluation to the appropriate policy and  
18 fiscal committees of the Legislature no later than July 1, 2025.