

Improving Access to Care Through Telehealth AB 2007 (Salas)

Summary

AB 2007 would improve access to health care services for low-income children and other marginalized populations by ensuring that providers can deliver care using telehealth. Specifically, AB 2007 supports health centers' ability to establish and serve patients by bringing health care to safe and trusted community sites within their designated service areas—such as schools, early learning sites, and nursing homes—using effective and evidence-based telehealth models to help children and families access care where they are. AB 2007 will clarify that in addition to providing services through telehealth, community health centers can establish a patient through real-time or store-and-forward telehealth services in community settings as long as health center staff are at the community site, the community site is within health center's service area and the site has been designated as a licensed physical clinic or intermittent site of the health center. This simple clarification has the potential to increase access to vital and cost-effective health care services to thousands of patients in underserved communities across California.

Background

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) are a critical source of care for marginalized communities in California, serving as a health care safety net for the most vulnerable populations. However, many of these centers do not have the physical capacity to meet all of the needs of the people in their service areas. In addition, many low-income families face financial, transportation, and language barriers when seeking traditional office-and health center-based care.

Rapidly advancing telehealth models use technology to bring high-quality and safe care to children and adults where they already spend time, such as schools and early learning centers. Telehealth is a mode of health care delivery whereby information and communication technologies are used in diagnosis, consultation, education, and care management. Telehealth can be used in real time (synchronous), such as through video conferencing, or through store and forward (asynchronous), in which data—such as photos, x-rays, and other health records—are collected at one site and forwarded to a provider for review at another time.

Health centers have successfully used telehealth to improve access to care, especially in marginalized communities. One evidence-based example is the Virtual Dental Home (VDH), in which specially-trained dental hygienists and assistants go to community sites to provide diagnostic, preventive, and early intervention dental care in partnership with a collaborating dentist. The hygienists and assistants collect dental information from patients at the community sites, and then send that information electronically via store-and-forward telehealth to a collaborating dentist at a health center or dental office. The dentist uses that information to establish a diagnosis and create a dental treatment plan. The majority of patients can get all the care they need at the community site, without having to travel to a health center, effectively addressing the socioeconomic barriers they otherwise face in getting needed care and expanding the capacity of the health center to meet its service mission.

Primary care, mental health services, and chronic disease management are other examples of services that use telehealth—both real time (synchronous) or store and forward (asynchronous)—between a health

center and a community site to address unmet needs.

Previous Legislation

In 2011, California passed AB 415 (Logue), the state’s landmark telehealth law, which recognized “the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the health care provider.” Further, it prohibited requirements of in-person contact between a health care provider and patient under the Medi-Cal program for any service otherwise covered by the Medi-Cal program when the service is provided by telehealth.

In 2014, AB 1174 (Bocanegra) was enacted to allow for extended scopes of practice for dental hygienists and select dental assistants to provide care in community settings and requires Medi-Cal to pay for dental care provided through store-and-forward telehealth. The intent of AB 1174 was to allow FQHCs/RHCs to serve patients in the community through store-and-forward telehealth, and establish patients for the purposes of billing.

In 2018, AB 2315 (Quirk-Silva) was enacted to support the use of telehealth to provide mental and behavioral health services in public schools. In order for successful implementation, health centers providing mental and behavioral health services via telehealth will need to establish students as patients at school sites, not within the health center walls. As students across California continue to face challenges in accessing mental health care in their communities, the Legislature has identified telehealth as a key strategy for overcoming barriers to care.

Sponsors

The Children’s Partnership
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Contact

Jessica Moran
The Children’s Partnership
jmoran@childrenspartnership.org

Katie Andrew
Children Now
kandrew@childrennow.org

Meagan Subers
California Health+ Advocates
meagan@capconn.com

Dharia McGrew
California Dental Association
dharia.mcgreg@cdca.org