

ASSEMBLY BILL

No. 688

Introduced by Assembly Member Mark González

February 14, 2025

An act to add Section 14132.726 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 688, as introduced, Mark González. Telehealth for All Act of 2025.

Existing law establishes 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, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.

Existing law required the department, on or before January 1, 2023, to develop a research and evaluation plan that, among other things, proposes strategies to analyze the relationship between telehealth and access to care, quality of care, and Medi-Cal program costs, utilization, and program integrity. The department created that plan in December of 2022 and published the Biennial Telehealth Utilization Report in April of 2024.

This bill, the Telehealth for All Act of 2025, would require the department, commencing in 2028 and every 2 years thereafter, to use Medi-Cal data and other data sources available to the department to produce analyses in a publicly available Medi-Cal telehealth utilization report. The bill would authorize the department to include those analyses in each of the department's Biennial Telehealth Utilization Reports, as specified.

The bill would require the analyses to address telehealth access and utilization data, including various metrics on telehealth visits and claims, disaggregated by geographic, demographic, and social determinants of health categories to identify disparities. The bill would require the department to identify additional data elements for inclusion in future reports to help to identify and address access-to-care issues or provide greater insight into utilization of telehealth modalities.

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) This act shall be known, and may be cited,
2 as the Telehealth for All Act of 2025.
- 3 (b) It is the intent of the Legislature to advance the use of
4 telehealth and increase access to health care by establishing state
5 policy that optimizes the use of telehealth to augment and enhance
6 health and medical care for all California residents, especially
7 those residents who are medically underserved, in order to improve
8 individual patient outcomes and overall population health.
- 9 SEC. 2. Section 14132.726 is added to the Welfare and
10 Institutions Code, immediately following Section 14132.725, to
11 read:
12 14132.726. (a) (1) Commencing in 2028 and every two years
13 thereafter, the department shall use Medi-Cal data and other data
14 sources available to the department to produce analyses in a
15 publicly available Medi-Cal telehealth utilization report.
- 16 (2) The department shall include updates to the analyses
17 described in paragraph (1) based on the frequency of updates to
18 the report or based on the creation of new applicable reports.
- 19 (3) The department may include the analyses described in
20 paragraph (1) in each of the department's Biennial Telehealth
21 Utilization Reports. A report described in paragraph (1) may be

1 an update to the department's Biennial Telehealth Utilization
2 Report, if the department continues to publish that report since its
3 inception in 2024, or it may be a different applicable report
4 published by the department.

5 (b) The analyses described in subdivision (a) shall address
6 telehealth access and utilization data, including all of the following:

7 (1) Telehealth visits per 100,000 Medi-Cal member months.
8 This information shall be disaggregated by demographics and other
9 metrics, including, but not limited to, age group, race and ethnicity,
10 sex, primary language, county, county size, aid code group, and
11 Medi-Cal managed care plan.

12 (2) Telehealth visits and all outpatient visits.

13 (3) Commonly utilized Current Procedural Terminology (CPT)
14 codes for outpatient telehealth visits.

15 (4) Percentage of Medi-Cal members by number of telehealth
16 claims.

17 (5) Utilization of telehealth by Medi-Cal members with multiple
18 claims with a higher-than-average rate of use. This information
19 shall be disaggregated by demographics and other metrics,
20 including, but not limited to, age group, race and ethnicity, sex,
21 primary language, aid code group, and number and percentage of
22 telehealth utilizers per reporting period.

23 (6) Telehealth visits of specialty mental health services and
24 nonspecialty mental health services.

25 (7) Telehealth visits of outpatient dental services.

26 (8) New patient telehealth claims utilization by modality mix.

27 (9) Established patient telehealth claims utilization by modality
28 mix.

29 (10) Commonly utilized medical outpatient health services
30 delivered via telehealth.

31 (11) Telehealth visits as a percentage of all medical outpatient
32 health services.

33 (c) (1) Wherever possible based on the availability of data, the
34 analyses described in subdivision (a) shall be disaggregated by
35 geographic, demographic, and social determinants of health
36 categories to identify disparities.

37 (2) Social determinants of health categories may be
38 approximated using existing data sources, including the Healthy
39 Places Index or similar indices.

1 (d) In addition to the data elements described in subdivision
2 (b), the department shall identify other data elements, including,
3 but not limited to, data on patient outcomes and population health,
4 for inclusion in future reports to help to identify and address
5 access-to-care issues or provide greater insight into utilization of
6 telehealth modalities.