Office of Senate Floor Analyses
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CONSENT

Bill No: AB 688
Author: Mark González (D), et al.
Amended: 7/7/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 7/2/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener

ASSEMBLY FLOOR: 79-0, 6/2/25 - See last page for vote

SUBJECT: Telehealth for All Act of 2025

SOURCE: California Emerging Technology Fund

DIGEST: This bill requires the Department of Health Care Services to produce publically available telehealth utilization reports every two years, starting in 2028, with specified data, separately or as part of the existing Biennial Telehealth Utilization Reports.

ANALYSIS:

Existing law:

1) Defines "telehealth" as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Includes asynchronous store-and-forward transfers (transmitting a patient's medical information from an originating site to a health care provider at a distant site) and synchronous interaction (a real-time interaction between patient and provider located at different sites). [Business & Professions Code (BPC) §2290.5]

2) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [Welfare & Institutions Code (WIC) §14000, et seq.]

3) Specifies that in-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by DHCS, using telehealth as defined in 1) above, or through audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed. Provides payment parity for telehealth and in-person services. [WIC §14132.725]

4) Requires providers to inform Medi-Cal recipients receiving telehealth services of their right to in-person services and that choosing in-person services will not affect their ability to access Medi-Cal services in the future, as well as of their right to transportation services when other available resources have been reasonably exhausted. Requires DHCS to develop informational materials about the availability of telehealth services and the right to in-person services. [WIC §14132.725]

5) Requires DHCS to develop a telehealth research and evaluation plan that proposes strategies to analyze the relationship between telehealth and access to care, quality of care, and Medi-Cal program costs, utilization, and program integrity; examines issues using an equity framework that includes stratification by geographic and demographic factors; and, prioritizes research questions that directly inform Medi-Cal policy. [WIC §14132.725]

This bill:

1) Requires DHCS to use Medi-Cal and other available data sources to produce publicly available Medi-Cal telehealth utilization reports every two years starting in 2028. Permits the report to be a standalone report or an update to DHCS's Biennial Telehealth Utilization Report, if DHCS continues to publish that report.

2) Requires data in the report to include the following, disaggregated by geographic, demographic, and social determinants of health where possible, based on the availability of data, including indices that can be used to approximate the social determinants of health, to identify disparities:

a) Telehealth visits per 100,000 Medi-Cal member months disaggregated by age group, race and ethnicity, sex, primary language, county, county size, aid code group, and Medi-Cal managed care plan;
b) Telehealth visits and all outpatient visits;
c) Commonly utilized Current Procedural Terminology (CPT) codes for outpatient telehealth visits;
d) Percentage of Medi-Cal members by number of telehealth claims;
e) Utilization of telehealth by Medi-Cal members with multiple claims with a higher-than-average rate of use disaggregated by age group, race and ethnicity, sex, primary language, aid code group, and number and percentage of telehealth utilizers per reporting period;
f) Telehealth visits of specialty mental health services and nonspecialty mental health services;
g) Telehealth visits of outpatient dental services;
h) New patient telehealth claims utilization by modality mix;
i) Established patient telehealth claims utilization by modality mix;
j) Commonly utilized medical outpatient health services delivered via telehealth;
k) Telehealth visits as a percentage of all medical outpatient health services; and,
l) Other data elements identified by DHCS, including, but not limited to, data on patient outcomes and population health, for inclusion in future reports to help identify and address access-to-care issues or provide greater insight into the use of telehealth.

3) States the intent of the Legislature to advance the use of telehealth to increase access to health care, improve patient outcomes and overall population health, especially for those who are medically underserved.

Comments

According to the author of this bill:

> The use of telehealth must be optimized in California by establishing state policy for all residents, beginning with prioritizing data collection from the state's Medi-Cal program. The purpose of this policy is to increase access to health care and behavioral health by maximizing the use of telehealth to augment and enhance health and medical care for those who are medically underserved, ultimately improving individual patient outcomes and overall population health. Public health research reveals higher mortality and morbidity

rates for all leading causes of death in low-income households and communities of color. Limited access to health care and medical expertise contributes to these disparities. The challenge remains to measure the extent to which telehealth access can reduce adverse health outcomes for economically and medically disadvantaged residents. This bill, the Telehealth for All Act of 2025, tackles this issue by requiring DHCS to utilize Medi-Cal data and other available data sources to produce a publicly available biennial Medi-Cal telehealth utilization report. This report will analyze telehealth access, utilization, quality of care, clinical outcomes, and preventive care. The first report will be published in 2028 and updated every two years thereafter. This bill is a crucial step toward achieving health equity.

Background

Telehealth in Medi-Cal. Medi-Cal's telehealth policy was established pursuant to the Telemedicine Development Act of 1996 (Thompson, Chapter 864, Statutes of 1996) and updated in compliance with AB 415 (Logue, Chapter 547, Statutes of 2011), known as the Telehealth Advancement Act of 2011. In 2019, DHCS undertook a policy review process, following extensive stakeholder engagement and public comment, to inform policy refinement. The revised 2019 policy afforded flexibility for providers to make clinically appropriate decisions regarding the use of synchronous and asynchronous telehealth modalities. The finalized policy was published in the Medi-Cal provider manual and disseminated to Medi-Cal managed care plans via an All Plan Letter. In 2020, due to the COVID-19 public health emergency, DHCS implemented additional broad flexibilities for telehealth modalities via blanket waivers and disaster relief state plan amendments. This enabled Medi-Cal's health care delivery systems to meet the health care needs of Medi-Cal beneficiaries where in-person encounters were not recommended or available. Such expansions included expanding which providers could use telehealth, allowing telehealth to be used for new patients, allowing many services to be provided audio-only, expanding payment parity for telehealth services, waiving site limitations for federally qualified health centers (FQHCs) and rural health centers (RHCs), and expanding access through non-public technology platforms.

In 2021, several of these COVID-19 flexibilities were extended until December 31, 2022 via budget trailer bill AB 133 (Committee on Budget, Chapter 143, Statutes of 2021), along with a requirement for DHCS to convene a Telehealth Advisory Workgroup to inform the development of telehealth policies beyond the public health emergency. The workgroup met four times during 2021 and 2022, and DHCS published a report covering a number of policy areas, many of which were

subsequently incorporated into SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022). SB 184 also required a research and evaluation plan to propose strategies to analyze the effect of telehealth on the Medi-Cal program's access to care, quality of care, program costs, and equity.

DHCS published the SB 184 research and evaluation plan in December 2022. For that report, DHCS conducted an internal assessment of its current telehealth data, reporting, and analytics capabilities to better understand the capabilities that form the foundation of the plan, and inform the types of research and evaluation objectives that could be achieved in the near- versus long-term future. The plan identified some shortcomings in data that required new coding modifiers to be implemented, and in some cases outlined the timing that in which these changes would occur. The plan also identified existing data that could be leveraged to better understand the impact of telehealth on the access, quality, cost, and equity questions. For the long-term questions in particular, the ability of DHCS to address these questions is dependent on the availability of resources.

In April 2024, DHCS published a Telehealth Utilization Data Dashboard and a companion narrative Telehealth Utilization Report. The dashboard includes telehealth utilization data for medical services, which can be stratified by categories such as age, sex, race/ethnicity, aid code groupings, primary language spoken, and more. Both the dashboard and the report are expected to be updated at regular intervals with the most currently available data. The elements specified in this bill appear in the most recent version of DHCS's dashboard, though the bill does have additional requirements for DHCS to identify other data elements to help address access-to-care issues and also asks for further data disaggregation where possible, based on the availability of data. According to the sponsors, this bill builds off technical assistance that DHCS gave for a bill they sponsored last year, AB 1943 (Weber), that died in the Senate Appropriations Committee, and subsequent conversations with DHCS. DHCS has not yet weighed in on this bill.

Related/Prior Legislation

AB 1943 (Weber of 2024) was substantially similar to this bill with slight variations in the specific required metrics. AB 1943 was held on the Assembly Appropriations Committee suspense file.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

Senate Rule 28.8

SUPPORT: (Verified 8/15/25)

California Emerging Technology Fund (source)
AARP
AsyncHealth
Beehive Technology Solutions
Broadband Consortium Pacific Coast
California Orthopedic Association
California Pan-Ethnic Health Network
California Primary Care Association Advocates
California Telehealth Policy Coalition
Chapa-de Indian Health
Community Clinic Association of Los Angeles County
Corporation for Education Network Initiatives in California
County Behavioral Health Directors Association
Digital Equity Coalition
Digital Navigators
Economic Development Corporation
Health Access California
Human-I-T
Latino Coalition for a Healthy California
LeadingAge California
Manchester Community Technologies
Newstart Housing Corporation
Parent University
Rural Development Centers
Rural Prosperity Center
Santa Barbara County Digital Equity Coalition
Southeast Community Development Corporation
Sutter Health
Unite-LA
Western Center on Law and Poverty

OPPOSITION: (Verified 8/15/25)

None received

ARGUMENTS IN SUPPORT: Sponsor, the California Emerging Technology Fund and a number of supporters write that this bill will help increase access to care by identifying populations and areas of the state that are underserved, as well as augmenting and enhancing health and medical care for those populations. They

argue that expanding access to care is one of the most vital healthcare priorities we face, and this bill leverages the power of telehealth technology to increase access to quality healthcare and specialized medical expertise for low-income and medically disadvantaged residents. LeadingAge California and AARP write that telehealth is widely viewed as a core strategy to support older Californians and their family caregivers, especially those living in underserved areas. The California Behavioral Health Directors Association write that telehealth has significantly reduced behavioral health "no-show" rates and also highlights the need for data collection to evaluate telehealth's impact on patient outcomes and population health.

ASSEMBLY FLOOR: 79-0, 6/2/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

Prepared by: Jen Flory / HEALTH / (916) 651-4111
8/21/25 16:45:32

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