

Legislation Committee

June 10, 2021



California
Telehealth
Policy
Coalition

Agenda

Welcome and Introductions	5 min.
Support Letters to Legislature	5 min.
State Budget Updates	15 min.
State Legislative Updates	30 min.
Next Steps and Wrap-up	5 min.

Welcome to New Members



Coalition's key guiding principles (as outlined in our charter):

Promote access and coverage. Policies, legislation and activities should promote access to care through telehealth and coverage of telehealth services.

Enhance care coordination. Policies, legislation and activities should reinforce the patient-centered medical home model and reduce care fragmentation both within and among systems.

Promote provider and patient engagement. Policies, legislation and activities should promote the participation of providers in efforts that improve performance and patient health outcomes, and the involvement of patients in their health care.

Reinforce clinical quality. Policies, legislation and activities should reinforce desirable, measurable outcomes, specifically those used by regulators and produced by standard-setting organizations.

Ensure data privacy and security. Policies, legislation and activities should ensure data privacy and security, particularly as those standards are prescribed by law and industry standards.

Legislation Committee Objectives and Activities

Objectives include

- Understand how the Coalition should support, amend, or oppose current bills
- Develop draft policy slate and draft bill language

Activities include

- Review and confirm priorities with Coalition members to develop a slate for the next year
- Analyze and provide recommendations on current bills
- Develop model law and policy, as needed

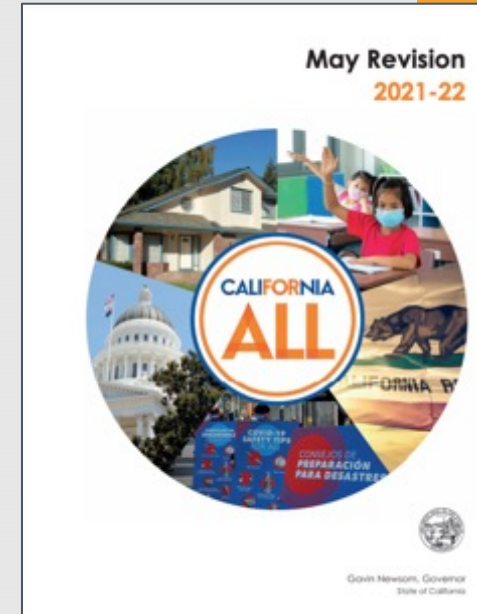
Support Letters to State Legislature

- **Support for SB 371 (Caballero):** Would create the position of Deputy Secretary of Health Information Technology (HIT) within the California Health and Human Services Agency (CHHSA) to help coordinate and understand the disparate activities.
- **Support for SB 365 (Caballero):** will make electronic consultation (eConsult) services reimbursable under the Medi-Cal program for enrolled providers, including federally qualified health centers (FQHCs) and rural health clinics (RHCs).

Let us know by COB, Friday, June 11, 2021 if your organization is unable to sign onto the letter of support.

Governor and DHCS released May revisions to the budget, with several changes to proposed Medi-Cal policies

- Telephonic/audio-only services would be subject to a **separate fee-schedule set at 65% of the in-person/synchronous reimbursement rate** for the service provided.
- To the extent federal approval is obtained, allow telephonic/audio-only encounters between an FQHC or RHC patient and specified providers **to be reimbursed as a visit and at a rate developed by DHCS in lieu of the PPS rate.**
- Requires all providers furnishing services via synchronous and/or telephonic/audio-only modalities to **also offer such services via in-person, face-to-face contact.**
- DHCS will consult with subject matter experts to establish **utilization management protocols** for all telehealth services prior to implementation of post-pandemic telehealth services.
- Children and Youth Behavioral Health: Proposes a statewide and comprehensive transformation of the behavioral health system for all Californians age 25 and younger. This proposal will expand evidenced-based programs, train new behavioral health workers, **and create a statewide portal that can connect young people with telehealth visits**, and other interactive tools. **Proposes \$165 million for e-consult services and provider training to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for their patients in their practices.**



Find more information on the DHCS proposed budget here: https://www.dhcs.ca.gov/Documents/Budget_Highlights/DHCS-FY-2021-22-MR-Highlights.pdf

Budget Update: Legislature's Response to May Revision

Joint Proposal from Assembly and Senate Budget Committees:

- Adopts proposed trailer bill to make permanent various flexibilities for Medi-Cal providers to utilize telehealth, as provided during the Public Health Emergency, consistent with AB 32 (Aguiar-Curry), and rejects administration-proposed trailer bill on telehealth.
- Approves the May Revision proposal to provide \$35 million one-time to support local projects to expand broadband access for isolated and underserved communities through a collaborative partnership of local education agencies, regional and local libraries, and telehealth providers. It is also requested that these funds be available for encumbrance or expenditure until June 30, 2025
- Approves \$165 million for E-consult services and provider training within the plan for Children and Youth Behavioral Health Investments.



See Assembly Budget Committee website for more information: <https://bit.ly/3g9H1I7>

State Health and Human Services Leaders Issue Joint Statement on Release of California's \$5.2 Billion Medicaid Home and Community Based Services Spending Plan

Addressing Digital Divide for Adults with HCBS - Funding: \$4.7M enhanced federal funding (\$9.5M TF) One-time

- Older adults and adults with disabilities eligible for Medi-Cal tele-health services and participating in HCBS will be provided tablets or other appropriate devices for telehealth, along with broadband and tech support (including expanded language access for tech support).
- This initiative leverages a new CDA digital divide initiative with Older American Act providers to increase the number of older adults and adults with disabilities receiving HCBS who are connected to tele-health and to other digital services and supports that prevent isolation and support well-being, while furthering the goals of the Master Plan for Aging.

Nursing Home Recovery & Innovation - Funding: \$50M enhanced federal funding (\$50M TF) One-time

- California's priorities include revisiting and expanding the pilot for Small Home facilities, for both quality of care and quality of jobs; facilitating in-room broadband access for residents; and disaster readiness improvements for facilities and systems, to respond to wildfires, earthquakes, and other emergencies where residents are especially vulnerable, among other innovations.

California Legislative Developments (1/3)

Telehealth-Related Bills

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 32 (Aguiar Curry et al.)	<input checked="" type="checkbox"/>	Passed Asm. In Senate. Read first time. To Com. On RLS. For assignment. (06/03)	Makes permanent certain Covid-19 telehealth flexibilities
AB 1264 (Aguiar-Curry)	<input checked="" type="checkbox"/>	Two-year bill	Creates CHHS Agency Project ECHO grant program for children's hospitals
SB 365 (Caballero)	<input checked="" type="checkbox"/>	Referred to Com. on Asm. HEALTH. (06/03)	Requires Medi-Cal e-consult reimbursement
SB 371 (Caballero)	<input checked="" type="checkbox"/>	In Assembly. referred to Com. on HEALTH. (06/03)	Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hie, broadband, and telehealth
AB 410 (Fong)		Inactive file	Nurse Licensure Compact
AB 457 (Santiago)		In Senate. Read first time. To Com. on RLS. for assignment. (5/28)	Creates Protection of Patient Choice in Telehealth Provider Act
AB 523 (Nazarian)		In Senate. Read first time. To Com. on RLS. for assignment. (5/28)	Requires DHCS to make all COVID PACE program changes permanent, including telehealth flexibilities
AB 552 (Quirk-Silva)		Two-year bill	Integrated School-Based Behavioral Health Partnership Program
AB 935 (Maienschein)		Two-year bill	Requires health plans and insurers to provide access to a telephone mental health consultation program for children and pregnant/post-partum women

California Legislative Developments (2/3)

Telehealth-Related Bills

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 1117 (Wicks)		Two-year bill	Establishes Healthy Start: Toxic Stress and Trauma Resiliency for Children Program
AB 1131 (Wood)		Two-year bill	Requires participation in statewide health information exchange network
AB 1252 (Chau)		Ordered to inactive file at the request of Assembly Member Chau. (6/02)	Defines privacy protections for personal health record information
SB 508 (Stern)		Inactive	Authorizes a local education agency (LEA) to provide mental health services and includes telehealth as an approved modality
SB 801 (Roth)		In Assembly. Read first time. Held at Desk. (6/2)	For purposes of telehealth, defines health care provider to additionally include an associate clinical social worker and an associate professional clinical counselor

California Legislative Developments (3/3)

Broadband Bills

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 14 (Aguiar-Curry et al.)	<input checked="" type="checkbox"/>	In Senate. Read first time. To Com. on RLS. for assignment. (06/03)	Revises law regarding California Advanced Services Fund (CASF)
SB 4 (Gonzalez)	<input checked="" type="checkbox"/>	In Assembly. Read first time. Held at Desk. (06/02)	Revises law regarding California Advanced Services Fund (CASF)
AB 34 (Muratsuchi)	<i>Recommended by Broadband Committee, for discussion at June Leg. Committee</i>	Held in Approps. Committee 5/20	Authorizes the issuance of bonds in the amount of \$10,000,000,000 pursuant to the State General Obligation Bond Law to support the 2022 Broadband for All Program
AB 537 (Quirk)		In Senate. Read first time. To Com. on RLS. for assignment. (6/2)	Requires that the time period for city/county approval of collocation or siting applications for wireless telecommunications facilities be deemed approved if the city/county fails to approve within the standard set by the FCC
SB 378 (Gonzalez)		In Assembly. Referred to Coms. on L. GOV. and C. & C. (5/28)	Broadband: methods of fiber installation
SB 556 (Dodd)		In Assembly. Referred to Coms. on L. GOV. and C. & C. (5/20)	Seeks to ensure local governments provide access and quickly permit approval of small wireless facility siting applications

SB 801 (Roth)

Telehealth Provisions:

- Existing law, requires a health care provider initiating the use of telehealth to inform the patient, before the delivery of health care via telehealth, about the use of telehealth and obtain verbal or written consent from the patient. **This bill would define health care provider to additionally include an associate clinical social worker and an associate professional clinical counselor, as specified.**

Non-Telehealth Provisions:

- Existing law require licensed behavioral health specialists to provide a client with a certain notice written in at least 12-point type relating to a method for contacting the board regarding complaints about services provided by the applicable licensee prior to initiating services. **This bill, among other things, would revise that notice requirement to require the notice be delivered prior to initiating services, or as soon as practicably possible thereafter, and would require the delivery of the notice to be documented.**

SB 801 (Roth) Analysis

Expanding qualified telehealth care providers

Principle	Determination	Reasoning
Promote access and coverage	✓	Expands telehealth access by including associate clinical social worker and an associate professional clinical counselor as a qualified healthcare provider.
Enhance care coordination	?	Potentially enhanced care coordination by no longer excluding associate professional clinical counselor as a qualified healthcare provider from providing telehealth.
Promote provider and patient engagement	?	May promote engagement by allowing for increased access to ACSW/APCC providers
Reinforce clinical quality	?	Unclear effect
Ensure data privacy and security	✓	No effect
Recommendations and Next Steps	Discuss whether to take a position.	

Emergency Broadband Benefit Program Details Released

Eligible households can receive:

- \$50 discount per month towards broadband service for eligible households (\$75 per month if on tribal lands)
- One-time discount of \$100 to purchase a laptop, desktop or tablet if consumer contributes more than \$10 and less than \$50

Eligibility:

- Income at or below 135% of Federal Poverty Line or on certain assistant programs (SNAP, Medicaid or Lifeline)
- Received a Federal Pell Grant
- Free or reduced school lunch

How to Apply:

- Contact your preferred participating broadband provider
- Go to [getemergencyBroadband.org](https://www.getemergencybroadband.org)
- Use a Mail-in application

[Consumer Outreach Toolkit](#)



Closing Announcements

Save the Dates *Upcoming Meetings*

Broadband Committee

June 15 from 1-2pm

Monthly Meeting

June 18 from 1-2pm

Please reach to staff if you have any questions

Mei Kwong: meik@cchpca.org

Amy Durbin: amyd@ccpca.org

Robby Franceschini:

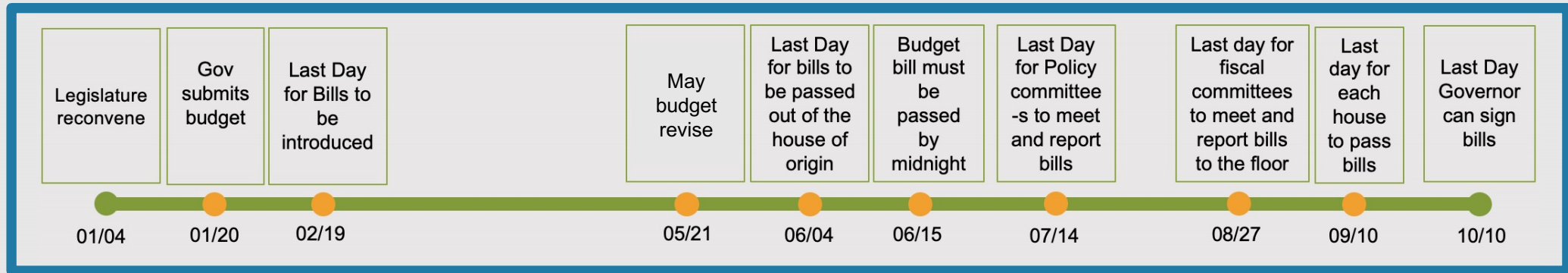
robby.franceschini@bluepathhealth.com

Veronica Collins: veronicac@cchpca.org



Appendix

Legislative Calendar 2021 and Workplan



Status	Goals	Complete Date
<input type="checkbox"/>	Support members in introducing legislation that supports our priorities (e.g. payment parity for Medi-Cal Managed care, remote patient monitoring coverage for medical and commercial plans, and continued FQHC/RHC coverage for telehealth)	February
<input type="checkbox"/>	Submit response letter to January budget proposal	February
<input type="checkbox"/>	Monitor state and federal telehealth bills	Ongoing
<input type="checkbox"/>	Analyze bills related to our priorities and rank our support for each bill	March
<input type="checkbox"/>	Reach out to bill authors and provide support and input for revisions	April
<input type="checkbox"/>	Submit response letter to the May budget revision	June
<input type="checkbox"/>	Submit support letters for the legislation we support	April through August
<input type="checkbox"/>	Discuss proposed Physician Fee Schedule Changes and craft response	July/August
<input type="checkbox"/>	Host Capitol Legislation Briefing	October

AB 935 (Maienschein)

Shanna Ezzell, Capitol Director, Assemblymember Brian Maienschein

- Requires health plans and insurers “by July 1, 2022...to a telehealth consultation program that provides contracting providers who treat children and persons who are pregnant or up to one year postpartum with access to a mental health consultation program during the treating provider’s standard provider hours, which may include evenings and weekends.”
- Requires the program to “include a triage service and consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients, including a psychiatrist when appropriate or requested by the treating provider, by telephone or telehealth video”
- Requires plans to include “guidance on the range of evidence-based treatment options, including psychotherapy, as determined to be appropriate, screening tools, and referrals.”

AB 1131 (Wood)

Kristene Mapile, Assembly Health Committee

- Requires “plans, hospitals, medical groups, testing laboratories, and nursing facilities” to “contribute to, access, exchange and make available data” through a network of HIEs as a condition of participation in a state program

AB 1264 (Aguiar-Curry)

Mira Morton, California Children's Hospital Association

- Requires CHHS to "establish, develop, implement, and administer the Project ECHO Grant Program"
- Requires participating children's hospitals to establish yearlong pediatric behavioral health teleECHO clinics for PCPs and other health care providers, including school-based ones, to address child and adolescent BH needs stemming from COVID-19
- Calls on CHHS to administer up to 8 grants
- Calls on participants to prioritize working with community providers; adhere to principles of Project ECHO

SB 365 (Caballero)

Michele Canales, Legislative Aide, Office of Sen. Anna Caballero

- Adds definition of “electronic consultation service” to the Business and Professions Code
- Require Medi-Cal to cover e-consults for both primary care and specialty providers, including FQHCs and RHCs, consistent with the Medicare program coverage policy
- Requires DHCS to obtain all necessary federal approvals

SB 371 (Caballero)

Michele Canales, Legislative Aide, Office of Sen. Anna Caballero

- Creates a California Health Information Technology and Exchange Fund within CHHS for CHHS to deposit any federal funding into for health IT
- Requires CHHS to use these funds to provide grants for practices, CHCs, CAH, other providers to help them expand use of health IT/HIE, or to contract with organizations to provide TA to safety net providers
- Creates the position of Deputy Secretary for Health Information Technology with CHHS to serve as single point of contact for HIT programs, coordinate with federal agencies
- Creates California Health Information Technology Advisory Committee, to advise CHHS and Deputy Secretary on HIT issues
- Requires Deputy Secretary and Advisory Committee to develop a plan to use federal funding to promote data exchange, and to submit an annual report to the Legislature and CHHS Secretary
- Requires DHCS to apply for federal MITA funding for specific use cases, including bidirectional data exchange between the state and health care providers

AB 14/SB 4 Analysis, Discussion of Support

Broadband Committee Members: Larry Ozeran and Fabiola Carrión

Legislative Staff: George Soares, Sen. Lena Gonzalez’s Office; Samantha Samuelsen, Asm. Aguiar-Curry’s Office

Principle	Determination	Reasoning
Broadband should be treated as a utility.	✓	Keeps statutory language allowing CPUC to regulate telecommunications
Robust infrastructure should be in place to serve all Californians.	✓	Includes language requiring CPUC to prioritize CASF infrastructure projects to unserved areas (speeds below 25mbps/3mbps)
Californians should have equitable access to broadband.	✓	Includes language requiring CPUC to prioritize CASF infrastructure projects to unserved areas (speeds below 25mbps/3mbps); requires certain sub-priorities including focus on high-poverty areas
Broadband should be affordable.	✓	Authorizes the use of funds in the Rural and Urban Regional Broadband Consortia Grant Account to provide free, low-cost, income-qualified or affordable home internet service offers
Government should fund broadband projects that rely on best-in-class, high-speed standards.	✓	Includes stated goal of 100mbps downstream which would support fiber optic for first-mile projects
Recommendations and Next Steps for the Legislation Committee	<ul style="list-style-type: none"> • Recommended for support by the Broadband Committee (12/15) • Determination for support by Legislation Committee at January meeting 	

AB 32 Detail

AB 32 Telehealth (Aguiar-Curry)

- Removes the time-related language for payment and coverage parity for health care service plans and health insurers
- Specifies that plan/insurer delegates must comply with payment and coverage parity
- Removes the Medi-Cal Managed Care exception for parity
- Specifies that counties contracting with DHCS are subject to parity provision
- Requires that DHCS indefinitely continue telehealth flexibilities in place during Covid-19
- Requires DHCS to convene an advisory group by January 2022 to provide input to DHCS on a revised telehealth policy for Medi-Cal
- Requires DHCS to complete an evaluation of access, outcomes, utilization and best practices for the correct mix of in-person and telehealth services by December 2024, with a report due to the Legislature no later than July 1, 2025

AB 32 Analysis, Discussion of Support

Legislative Staff: Samantha Samuelsen, Asm. Aguiar-Curry's Office

Principle	Determination	Reasoning
Promote access and coverage	✓	Supports ongoing payment for FQHCs for telehealth post-pandemic; extends payment parity provisions to MMC and COHS plans
Enhance care coordination	✓	Ability to continue to receive care virtually or telephonically from providers in PCMH likely to reduce fragmentation
Promote provider and patient engagement	✓	Ongoing ability for both providers and patients to stay engaged in care, even during future pandemics
Reinforce clinical quality	✓	Evidence suggests high patient and provider satisfaction with telephonic and virtual care
Ensure data privacy and security	✓	No affect on CMIA protections
Recommendations and Next Steps	Discuss whether to support.	

Federal Legislative Developments

Bill	Recent Developments	Brief Description
Consolidated Appropriations Act, 2021	Signed into Law (12/27/20)	<ul style="list-style-type: none">• Adds permanently rural emergency hospitals to list of originating sites eligible for telehealth reimbursement in Medicare• Exempts permanently the diagnosis, evaluation or treatment of mental health disorder from Medicare rural geographic reimbursement, allows for the home as the originating site (provider must have provided an in-person within six months prior to the telehealth visit)• Adds on a temporary basis during COVID-19 virtual home visits conducted solely by the use of electronic information and telecommunications technology for the Maternal, Infant and Early Childhood Home Visit Program• Allocates \$ to the FCC COVID-19 Telehealth Program• Allocates \$ to broadband programs• Authorizes \$60M to remain available until expended for grants for telemedicine and distance learning services in rural areas under the Distance Learning, Telemedicine and Broadband Program• Requires that group health plans and health insurers not impose cost-sharing requirements on telehealth services furnished by participating health care facilities (in-network) any higher than in-person services

Legislative Developments

AB 14 Communications: broadband services: California Advanced Services Fund (Aguiar-Curry et al.) (1/3)

- Authorizes local educational agencies (LEA) to report to CDE student needs for computing devices and internet connectivity; requires CDE and CPUC to compile this information and post it on the CDE website
- Authorizes county boards of supervisors to “acquire, construct, improve, maintain or operate” broadband internet access service; if BOS do so, requires them to take certain actions regarding the accessing of content by end users
- Requires GO-Biz to develop recommendations and a model for streamlined land use approval and construction permitting for broadband infrastructure projects
- Requires CPUC to prioritize projects in “unserved areas” (90% of area has no broadband provider offers at least 25mbps/3mbps service) for CASF infrastructure funding, with a goal of achieving 100 mbps downstream
 - First prioritize areas with only 10mpbs/1mbps
 - Once 98% of a region reaches goal of 100 mbps, CPUC must prioritize only middle-mile infrastructure
 - Requires CPUC to maximize investments in new and scalable infrastructure
 - Authorizes CPUC to leverage CASF funds to be used for federal match

Legislative Developments

AB 14 Communications: broadband services: California Advanced Services Fund (Aguiar-Curry et al.) (2/3)

- Deletes CPUC authorization to collect up to \$330M in surcharges
 - Authorizes CPUC to collect the surcharge in amount not exceed an unspecified percentage of an end user's service costs within CA
 - Authorizes Rural and Urban Regional Broadband Consortia Grant Account for additional uses including to promote the adoption of free, low-cost, income-qualified or affordable home internet service offers
- Requires the CASF program to promote learning and telehealth
- Removes requirement for certain money transfers from the Broadband Public Housing Account not awarded by 12/31/20 back to the Broadband Infrastructure Grant Account; makes these moneys available for grants and loans for network deployment in eligible publicly support communities
- Repeals certain provisions affecting facility-based broadband providers (including certain requirements that these providers demonstrate that they can deploy broadband to existing facilities within 180 days
- Authorizes CPUC to issue bonds in amount up to \$1B, establishes an account within the CASF for deposit

Legislative Developments

AB 14 Communications: broadband services: California Advanced Services Fund (Aguiar-Curry et al.) (3/3)

- Requires CPUC to annually conduct a financial audit and performance audit of CASF for the legislature, beginning on or before 4/1/2023
- Requires CPUC to provide status report on broadband service in unserved areas and CASF balance, annually into perpetuity
- Authorizes CPUC to require ISPs to report specified information regarding each “free, low-cost, income-qualified or affordable” plan advertised by the provider
- Repeals current methodology for VoIP surcharges
- Clarifies that AB 14 is an urgency bill

Legislative Developments

SB 4 Communications: California Advanced Services Fund (Gonzalez) (1/2)

Key differences from AB 14:

- Does not include further considerations for prioritizing projects in unserved areas that are included in AB 14:
 - Projects that connect households in an area where internet connectivity is available only through dial-up service, that is not served by any form of wireline or wireless facility-based broadband service, and that is a high-poverty area.
 - Projects that connect households in areas an area where internet connectivity is available only through dial-up service that are and that is not served by any form of wireline or wireless facility-based broadband service or areas with no internet connectivity. service.
 - Projects that connect households in an unserved area that is a high-poverty area.
 - Projects that connect households in an unserved area.
- Only requires GO-Biz to coordinate with other state, local and national orgs. to explore ways to facilitate land use approvals; not report required
- Includes a surcharge rate: not to exceed \$0.23 per month per access line
- Does not explicitly require CPUC to promote telehealth

Legislative Developments

SB 4 Communications: California Advanced Services Fund (Gonzalez) (2/2)

Key differences from AB 14:

- Does not authorize CPUC to require ISPs to report specified information regarding each “free, low-cost, income-qualified or affordable” plan advertised by the provider
- Does not repeal current methodology for VoIP surcharges

AB 1264 (Aguiar-Curry) Analysis

Creates behavioral health Project ECHO grant program for children's hospitals

Principle	Determination	Reasoning
Promote access and coverage	✓	Increases access to behavioral health screening and interventions through primary care providers
Enhance care coordination	✓	Reinforces the medical home by helping to upskill PCPs on pediatric behavioral health issues
Promote provider and patient engagement	✓	May reinforce provider-patient relationship in medical home; evidence for ECHO for mental health and substance use shows high provider self-efficacy and satisfaction ratings
Reinforce clinical quality	✓	Evidence points to some improvement in access to care, improvement in health outcomes
Ensure data privacy and security	✓	No affect on CMIA/HIPAA protections
Recommendations and Next Steps	Discuss whether to take a position.	

SB 365 (Caballero) - Requires e-consult coverage

Principle	Determination	Reasoning
Promote access and coverage	✓	Makes e-consult reimbursable under Medi-Cal program for providers, including FQHCs or RHCs
Enhance care coordination	✓	Increasing consultations between primary care and specialty care providers reduces care fragmentation
Promote provider and patient engagement	✓	Ongoing ability to consult with specialty providers improves provider engagement, education, and patient access to all necessary care
Reinforce clinical quality	✓	Evidence suggests high patient and provider satisfaction, improved wait times and less patient travel time, faster referrals and access to specialty care
Ensure data privacy and security	✓	No affect on existing privacy protections
Recommendations and Next Steps	Discuss whether to take a position	

SB 371 (Caballero) - Health Information Technology

Creates state regulatory structure over health information technology, includes telehealth and broadband.

Principle	Determination	Reasoning
Promote access and coverage	✓	Regulatory and financial support for health information technology infrastructure, includes broadband and telehealth access
Enhance care coordination	✓	Ability to better exchange health care data reduces fragmentation; creates new regulatory structure focused on coordination and funding
Promote provider and patient engagement	✓	Ensures patient control over medical information and engagement, providers included on advisory panel
Reinforce clinical quality	✓	Better data exchange could improve patient satisfaction, quality of care
Advances state HIT leadership (2021 Coalition Priority)	✓	Creates Deputy Secretary for Health Information Technology to oversee state and federal coordination and potential funding streams related to HIT, telehealth and broadband
Ensure data privacy and security	✓	Does not require information sharing or directly impact existing data privacy laws, patient centered approach consistent with federal laws
Recommendations and Next Steps	Discuss whether to take position	

AB 523 (Nazarian) Discussion

Elizabeth Fuller, Chief Consultant, Assembly Committee on Aging and Long-Term Care

- Requires DHCS to make permanent telehealth flexibilities allowed in PACE programs during COVID-19 PHE

AB 1252 (Chau) Discussion

Garret Bazurto, Legislative Director, Assemblymember Ed Chau

- Defines “personal health record information” under the CMIA as individually identifiable information, collected by FDA-approved “commercial internet website, online service, or product” with the primary purpose of “collecting the individual’s individually identifiable personal health record information”
- Deems businesses offering personal health record software/hardware as a “provider” for the purposes of the CMIA

SB 508 (Stern) Discussion

Allison Adey, Legislative Director, Senator Stern

- This bill would authorize a local education agency (LEA) to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils,
- The bill would also require health plans required to provide coverage for medically necessary treatment of mental health and substance abuse disorders to enter into a memorandum of understanding (MOU) with all LEAs in which 15 percent or more of the pupils enrolled are insured by the plan or insurer and would authorize the LEA to bill for mental health and substance use disorder services provided if the plan or insurer fails to enter into an MOU with the LEA.
- The bill would include telehealth as an approved modality for the Medi-Cal program for the specified services provided by an LEA.

AB 1131 (Wood) Discussion

Kristene Mapile, Assembly Health

- Establishes a “statewide health information network”: independent entity not affiliated with an agency or department
- Creates a governing board composed of lawmakers
- Requires HIN to create a health technology advisory committee composed of 11-14 key stakeholders
- Calls on the statewide HIN to “provide the data infrastructure needed to meet California’s health care access, equity, affordability, public health, and quality goals”
- Requires certain “health care entities” (hospitals, health systems, SNFs, laboratories, physician practices, KK health care service plans, health insurers, DHCS) to share data by an unspecified date
- Allows for health care entities to share data directly with the HIN or through a designee (i.e., a HIO or commercial company)
- Requires health care service plans, health insurers and health care providers to collect and submit race and ethnicity data to the HIN

Coalition Priorities for 2021

- Make temporary coverage expansions permanent and expand access to new modalities
- Build the evidence base for telehealth in California
- Bridge the digital divide and addressing health equity
- Advance state leadership on telehealth and health IT