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<td>Annual Meeting Debrief/Workgroup Update</td>
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<td>Priorities for 2022</td>
<td>10 min.</td>
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<td>Draft Workplan/New Principles</td>
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<td>Legislation Update</td>
<td>5 min.</td>
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<td>Next Steps and Wrap-up</td>
<td>5 min.</td>
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Thank you for attending our annual meeting!

- Key areas of focus for 2021 include a focus on the outcomes of the Medi-Cal Stakeholder Advisory Workgroup and federal legislative discussions surrounding what PHE policies should be made permanent.
- High interest in elevating patient and caregiver stories in the coalition’s work.
- Over 140 participants!
Thank you to our sponsors!

California Health Care Foundation

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CAMFT

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AfPA | Alliance for Patient Access

Health Net
California Workgroup Update

Workgroup Charge

The charge of the workgroup is to advise DHCS on how to refine its telehealth policies to ensure the policies are designed optimally for a post-PHE world.

- Billing and coding protocols: What codes and modifiers should be used to delineate when services are delivered by telehealth and whether services are video or audio-only.
- Ongoing monitoring and evaluation: How DHCS should measure and review telehealth utilization to facilitate consumer protection and Medi-Cal program stewardship.
- Utilization management: What standards and protections should be in place to ensure expanded telehealth coverage increases access, supports high-quality care, and reduces health disparities, among other goals.

Language of AB 133:
For purposes of informing the 2022–23 proposed Governor’s Budget, released in January 2022, the department shall convene an advisory group to provide recommendations to inform the department in establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program. The advisory group shall analyze the impact of telehealth in increased access for patients, changes in health quality outcomes and utilization, best practices for the appropriate mix of in-person visits and telehealth, and the benefits or liabilities of any practice or care model changes that have resulted from telephonic visits.

Manatt Draft Report – Final Due in December to inform January Governor Budget Proposal
Summarizes workgroup process and discussion, DHCS proposed approaches

Workgroup comments/concerns on draft report included:
- Lack of full and accurate capture of discussions, feedback, and background research, as well as history of CA telehealth policy and telehealth utilization data
- Confusing use of terminology and lack of scope/parameters clarity i.e. telehealth vs. audio-only and asynch
- Continued concerns with consent approach and DHCS proposal to add more consent requirements in conflict with existing law

Topics for Workgroup Advisement

- **Topic 1:** Identify billing and coding protocols that will provide more comprehensive and specific information about telehealth utilization
- **Topic 2:** Identify monitoring policies to support consumer protection and program integrity
- **Topic 3:** Identify other policies that will help achieve DHCS guiding principles for telehealth

Issues to be Addressed
- Limitations in understanding current telehealth use and impact due to inconsistent and optional use of telehealth modifiers within certain delivery systems
- Inability to differentiate between video and audio modalities
- Lack of monitoring capabilities to support consumer protections and analyze utilization outliers
- Limited evidence base on the quality of “telehealth-only” or third-party telehealth providers and potential impact on coordination of care
- Ensure Medi-Cal beneficiaries have equitable access to in-person care or care via the telehealth modality that best suits their needs and meets standard of care

Find more information on the advisory group here:
https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx

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Coalition Policy Priorities for 2022

- **Maintain and expand coverage of telehealth modalities**
  - Advocate for continued coverage of telehealth modalities across all types of coverage
  - Support continued FQHC/RHC coverage for telehealth
  - Work with members to highlight patient stories on webinars, other materials aimed at policymakers and consumers

- **Build the evidence base for telehealth in California**
  - Showcase research and evaluation findings from California organizations on monthly calls
  - Create educational materials focused on quality and health outcome measurement for telehealth programs

- **Bridge the digital divide to ensure patient and provider internet access**
  - Monitor and provide comments/recommendations on the implementation of SB 156 middle-mile and last-mile work
  - Showcase the inequitable distribution of internet access/telehealth for certain communities (i.e., communities of color, the disabled community, older adults)

- **Ensure California maintains leadership at the state level on telehealth policy**
  - Advocate for state coordination on telehealth and related health technology issues
  - Conduct outreach to state agency telehealth leaders
  - Highlight telehealth’s role in various state health reform and other initiatives (e.g., CalAIM ECM/ILOS, Medi-Cal procurement, payment reform)
## Work Plan

<table>
<thead>
<tr>
<th>Status</th>
<th>Goals</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>Monitor and analyze bills for potential position</td>
<td>Ongoing</td>
</tr>
<tr>
<td>✗</td>
<td>Reach out to bill authors and provide input</td>
<td>Ongoing</td>
</tr>
<tr>
<td>✗</td>
<td>Submit support letters for the legislation we support</td>
<td>Ongoing</td>
</tr>
<tr>
<td>✗</td>
<td>Support members in introducing legislation that supports coalition priorities</td>
<td>February</td>
</tr>
<tr>
<td>✗</td>
<td>Submit response letter to January budget proposal</td>
<td>February</td>
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<tr>
<td>✗</td>
<td>Submit response letter to the May budget revision</td>
<td>May/June</td>
</tr>
<tr>
<td>✗</td>
<td>Discuss proposed Physician Fee Schedule Changes and craft response</td>
<td>July/August</td>
</tr>
<tr>
<td>✗</td>
<td>Host Capitol Legislation Briefing and Annual Meeting</td>
<td>October/November</td>
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Guidance Subcommittee: New Details for Coalition Guiding Principles (1/3)

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

New proposed details:

- Policies should ensure equitable access to telehealth regardless of income, race/ethnicity, sexual orientation, gender, income or other patient characteristics.
- Policies should empower providers to utilize the modality most appropriate for the patient, based on their professional judgment and the evidence available.
- Policies should not have the unanticipated effect of impeding provider discretion and future care innovations.
- Policies on telehealth coverage should primarily consider the effectiveness of service provided.
- Policies should ensure access to and the availability of all modalities.
- Policies should ensure telehealth services are paid at a rate comparable to services provided in other modalities that provide comparable outcomes.
Existing principle: **Enhance care coordination.** *Policies, legislation and activities should reinforce the patient-centered medical home model and reduce care fragmentation both within and among systems.*

New proposed details:

- Policies should ensure that all providers have access to and share patient medical information as necessary and appropriate to support care the organization of a patient’s care.

- Policies should ensure that telehealth is available as a tool for care coordination and do not hinder its use.

Existing principle: **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.*

New proposed details:

- Policies should empower patient choice.

- Policies should support discretion and professional judgement of providers in selecting the modality best suited to the care of a patient.

- Policies should promote provider and patient education on best practices, digital literacy, and health equity issues.
Guidance Subcommittee Work: New Details for Coalition Guiding Principles (3/3)

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

New proposed details:

- Policies should support the provider’s ability to use the modality that leads to the best outcomes for the patient’s health, balancing this consideration with the patient’s choice and circumstances in mind.
Key Dates in the Legislative Calendar 2022

- Jan. 3: Legislature reconvenes
- Jan. 10: Governor submits budget
- Feb. 18: Last day for bills to be introduced
- May 27: Last day for each house to pass bills introduced in that house
- June 15: Budget bill must be passed by midnight
- July 1: Last day for policy committees to meet and report bills
- Aug. 31: Last day for each house to pass bills
- Sept. 30: Last day for Governor to sign or veto bills passed by the Legislature
- Nov. 8: General Election

Full calendar available at: [https://www.assembly.ca.gov/legislativedeadlines](https://www.assembly.ca.gov/legislativedeadlines)
## California Legislative Developments

### Two-Year Bills

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Coalition Support in 2021?</th>
<th>Recent Developments</th>
<th>Brief Description</th>
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<tbody>
<tr>
<td><strong>AB 32</strong> (Aguiar Curry et al.)</td>
<td>✅</td>
<td>Two-year bill</td>
<td>Makes permanent Covid-19 telehealth flexibilities</td>
</tr>
<tr>
<td><strong>AB 34</strong> (Muratsuchi)</td>
<td></td>
<td>Two-year bill</td>
<td>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</td>
</tr>
<tr>
<td><strong>AB 1264</strong> (Aguiar-Curry)</td>
<td>✅</td>
<td>Two-year bill</td>
<td>Creates CHHS Agency Project ECHO grant program for children's hospitals</td>
</tr>
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<td><strong>AB 410</strong> (Fong)</td>
<td></td>
<td>Two-year bill</td>
<td>Nurse Licensure Compact</td>
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<tr>
<td><strong>AB 552</strong> (Quirk-Silva)</td>
<td></td>
<td>Two-year bill</td>
<td>Integrated School-Based Behavioral Health Partnership Program</td>
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<tr>
<td><strong>AB 935</strong> (Maienschein)</td>
<td></td>
<td>Two-year bill</td>
<td>Requires health plans and insurers to provide access to a telephone mental health consultation program for children and pregnant/post-partum women</td>
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<tr>
<td><strong>AB 1117</strong> (Wicks)</td>
<td></td>
<td>Two-year bill</td>
<td>Establishes Healthy Start: Toxic Stress and Trauma Resiliency for Children Program</td>
</tr>
<tr>
<td><strong>AB 1131</strong> (Wood)</td>
<td></td>
<td>Two-year bill</td>
<td>Requires participation in statewide health information exchange network</td>
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<tr>
<td><strong>AB 1252</strong> (Chau)</td>
<td></td>
<td>Two-year bill</td>
<td>Defines privacy protections for personal health record information</td>
</tr>
<tr>
<td><strong>SB 371</strong> (Caballero)</td>
<td>✅</td>
<td>Two-year bill</td>
<td>Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hie, broadband, and telehealth</td>
</tr>
<tr>
<td><strong>SB 508</strong> (Stern)</td>
<td></td>
<td>Two-year bill</td>
<td>Authorizes a local education agency (LEA) to provide mental health services and includes telehealth as an approved modality</td>
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Next Steps

- Discuss the Governor’s January budget proposal
- Review and analyze bills moving forward this session