## Contents

<table>
<thead>
<tr>
<th>Session</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>5 min.</td>
</tr>
<tr>
<td>State Legislation Update</td>
<td>10 min.</td>
</tr>
<tr>
<td>Broadband Updates</td>
<td>10 min.</td>
</tr>
<tr>
<td>Policy Briefing/Priorities Planning</td>
<td>15 min.</td>
</tr>
<tr>
<td>Next Steps and Wrap-up</td>
<td>5 min.</td>
</tr>
<tr>
<td>Bill No.</td>
<td>Coalition Support?</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>AB 1758</strong> (Aguiar-Curry)</td>
<td>Continue to monitor.</td>
</tr>
<tr>
<td><strong>AB 1759</strong> (Aguiar-Curry)</td>
<td>Continue to monitor.</td>
</tr>
<tr>
<td><strong>AB 1940</strong> (Salas)</td>
<td>Continue to monitor.</td>
</tr>
<tr>
<td><strong>AB 1982</strong> (Santiago)</td>
<td></td>
</tr>
<tr>
<td><strong>AB 2089</strong> (Bauer-Kahan)</td>
<td>Continue to monitor.</td>
</tr>
<tr>
<td>Bill No.</td>
<td>Coalition Support?</td>
</tr>
<tr>
<td>Bill No.</td>
<td>Coalition Support?</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| **AB 2751**  
(E. Garcia) | Recommendation to support with a suggestion that speed requirements be increased | Failed passage in Sen. G.O. Committee (6/14) | Affordable Internet and Net Equality Act of 2022: Creates Net Equality Program and requires state agencies to only do business with ISPs offering affordable (no more than $40 a month) home internet service to households participating in certain public assistance programs. Requires minimum speed requirements defined as 25mbps/3mbps and speed and latency to support distance learning and telehealth services. |
| **AB 1669**  
(Cunningham) |  | Hearing canceled at the request of author. (03/23) | California Internet Consumer Protection and Net Neutrality Act of 2018: United States Department of Veterans Affairs: telehealth applications – Specifies that the Act does not prohibit ISPs from exempting from a customer’s data usage allowance the use of telehealth applications administered by the VA. |
| **AB 2092**  
(Weber) | Recommendation to support. | Held in Asm. Health Comm. (4/26) | This bill would allow CDPH to establish approval process to deliver care in home setting including via telehealth. |
| **SB 1337**  
(McGuire) |  | Held in Sen. Approps. (5/19) | This bill requires coverage of coordinated specialty care (CSC) services for the treatment of early psychosis. Amendments removed references to telehealth. |
<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Coalition Support?</th>
<th>Recent Developments</th>
<th>Brief Description</th>
</tr>
</thead>
</table>
| **AB 552**  
(Quirk-Silva) |  | Passed Senate Approps (8/11); Passed Senate (8/23); Passed Assembly (8/24); Enrolled and presented to the Governor (8/31) | • Integrated School-Based Behavioral Health Partnership Program; amendments clarify scope of qualifying behavioral health providers enrolled in Medi-Cal. Amended to include following up with parents/guardians and pupils as necessary for consent and case management.  
• Minor recent amendments |
| **AB 32**  
(Aguiar Curry et al.) | ✅  
(2021) | Passed Senate Approps (8/11); Passed Senate (8/31); Passed Assembly (8/31); Senate amendments concurred in. To Engrossing and Enrolling (8/31) | Recent amendments create limited exceptions to allow Medi-Cal providers, including FQHCs/RHCs, to establish a new patient relationship using audio-only telehealth in certain circumstances:  
• When the visit is related to sensitive services (includes mental/behavioral/reproductive health amongst other services)  
• When the patient requests an audio-only modality or attests they do not have access to video  
There is also language added that in making exceptions to the audio-only prohibition, the department may also take into consideration the availability of broadband access based on speed standards set by the FCC or other applicable federal laws/regulations.  
The bill still tweaks the asynchronous new patient relationship piece for FQHCs/RHCs as well, removing the reference to “licensed originating” FQHC/RHC sites so that the limited allowances in that regard initially implemented in SB 184 apply whenever the patient is present at the FQHC/RHC or an intermittent site regardless of their licensed status, in addition to the other requirements. |
| **SB 371**  
(Caballero) | ✅  
(2021) | Failed passage | Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hi, broadband, and telehealth |
Broadband Updates (1/2)
Broadband Middle Mile Meeting, August 2022

• CDT contractor forums
  • Plans for going out to bid on construction and IRUs for the broader MMBI network.

• Caltrans updates
  • “Dig Smart” and early construction contract efforts
  • Walk-through of the state’s permit streamlining efforts: permitting timeframes have been reduced from an average of 30 months to as little as 10 or 11 months in most cases.

• Broadband for All Action Plan update given on July 29
  • Broadband for All Portal Funding Opportunities page was updated with the latest CPUC Last-Mile funding opportunities such as the Local Agency Technical Assistance, Loan Loss Reserve Fund and Last-Mile Federal Funding Account.
  • Broadband Planning Resources page has been updated to include a Handbook created by Native Nations Communications Task Force intended to bring awareness of the various steps involved in broadband deployment.
Local Agency Technical Assistance Applications

- In August, the CPUC began accepting applications for pre-construction work facilitating broadband network projects to areas in need.
- The program has a $50 million budget for eligible local agencies and tribal entities in California, including $5 million set aside for tribes.

Get Connected, California!

- Get Connected California! was Saturday, Aug. 27.
- Enrollment events took place throughout the state to help more households start saving on their Home Internet bill. These efforts are ongoing.

Broadband Site Visits

- CDT and CPUC staff joined the National Telecommunications and Information Administration’s Digital Equity Team for a series of listening sessions and public housing site visits in Fresno, Oakland, and San Francisco in late August.
Annual Legislative/Policy Briefing – October 13th

- Cover history of telehealth policy in CA, where we’ve been and where we are, provide context in comparison to other states/federal, as well as remaining gaps between commercial and Medi-Cal patients

- Provide federal updates, issues, as part of policy overview

- Outreach to state speakers to cover CA history as well as speakers with federal perspective/experience
Planning for 2023:
Coalition Policy Priorities in the Coming Year

What gaps do you see in California telehealth policy?

What telehealth topics are of interest as we shape an agenda for 2023?

What are your organization’s priorities for next year?
Next Steps

- Continue monitoring legislation and budget updates through the fall
- Legislative Briefing preparation
- Continue developing ideas for policy priorities for 2023
- Upcoming meetings
Closing Announcements

**Upcoming Meetings**

**Education Committee**  
September 14, 2-3pm

**Monthly Meeting**  
September 16, 1pm-2pm

**Legislative Briefing**  
October 13, 1-2pm

**Annual Meeting**  
November 10

Please reach to staff if you have any questions

Mei Kwong: meik@cchpca.org

Amy Durbin: amyd@cchpca.org

Robby Franceschini: robb.franceschini@bluepathhealth.com

© California Telehealth Policy Coalition
Appendix
State Budget and Trailer Bill (SB 184) Passed

- Trailer Bill SB 184 implements the DHCS proposal on telehealth for Medi-Cal (see next slides)

- Most Coalition concerns raised in May budget letter not addressed, except for clarification on payment parity provisions
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Continues Current Policies?</th>
<th>Bill Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage of Synchronous, Asynchronous, RPM, Virtual Comms., Telehealth</strong></td>
<td>✅</td>
<td>“…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 the department, when provided by <em>video synchronous interaction</em>, <em>asynchronous store and forward</em>, <em>... audio-only synchronous interaction</em>, 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.”</td>
</tr>
<tr>
<td><strong>FQHCs/RHCs: Coverage of Synchronous &amp; Asynchronous Telehealth</strong></td>
<td>✅</td>
<td>A visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using <em>video synchronous interaction</em>, <em>using audio-only synchronous interaction</em>, <em>using an asynchronous store and forward modality</em>, when services delivered through that interaction meet the applicable standard of care.</td>
</tr>
</tbody>
</table>
| **Payment Parity**                                | ✅                           | The department shall reimburse health care providers of applicable health care services delivered via *video synchronous interaction*, *synchronous audio-only modality*, or *asynchronous store and forward*, as applicable, at payment amounts that are not less than the amounts the provider would receive if the services were delivered via in-person so long as the services or settings meet the applicable standard of care and meet the requirements of the service code being billed.  
MCMC: For applicable health care services appropriately provided by a network provider via *video synchronous interaction*, *audio-only synchronous interaction modality*, or *asynchronous store and forward*, as applicable, the MCMC plan shall reimburse the network provider at payment amounts that are not less than the amounts the network provider would have received if the services were delivered via in-person – unless the Medi-Cal managed care plan and network provider mutually agree to reimbursement in different amounts.  
FQHCs/RHCs: A visit shall be reimbursed at the applicable FQHC’s or RHC’s per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter. |
### Patient Establishment via non-live video modalities

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Continues Current Policies?</th>
<th>Bill Language</th>
</tr>
</thead>
</table>
|             | ✗                           | • “A health care provider and FQHC/RHC may establish a new patient relationship with a Medi-Cal beneficiary via video synchronous interaction consistent with any requirements imposed by the department.”
|             |                             | • “A health care provider shall not establish a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities…”
|             |                             | • The department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.
|             |                             | • FQHC/RHC may establish patients asynchronously under limited circumstances:
<p>|             |                             |   • Patient is present at an originating site that is a licensed/intermittent site of the clinic; person who creates the record is a FQHC/RHC employee/contractor; patient is otherwise eligible to receive in-person services per HRSA requirements |</p>
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Continues Current Policies?</th>
<th>Bill Language</th>
</tr>
</thead>
</table>
| Patient Consent             | ❌                           | • “…all of the following shall be communicated by a health care provider to a Medi-Cal beneficiary, in writing or verbally, *on at least one occasion prior to, or concurrent with,* initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary:  
  • an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit;  
  • an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future;  
  • an explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted;  
  • and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider.”  
• Providers must document consent in the patient record  
• DHCS to develop model language and an informational notice for beneficiaries |
| Research and Evaluation Plan| New Policy                   | • “On or before January 1, 2023, the department shall develop a research and evaluation plan that does all of the following:  
  • Proposes strategies to analyze the relationship between telehealth and the following: access to care, access to in-person care, quality of care, and Medi-Cal program costs, utilization, and program integrity.  
  • Examines issues using an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care.  
  • Prioritizes research and evaluation questions that directly inform Medi-Cal policy.” |
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Continues Current Policies?</th>
<th>Bill Language</th>
</tr>
</thead>
</table>
| New Video Requirement     | New policy                  | • “Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, a Medi-Cal provider furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve beneficiary choice.”  
  • “The department may provide specific exceptions…based on a Medi-Cal provider’s access to requisite technologies, which shall be developed in consultation with affected stakeholders and published in departmental guidance.”  
  • Similarly applies to FQHCs and RHCs |
| New In-Person Services Requirement | New policy                  | • “Effective on the date on which the video requirement takes effect, a provider furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:  
  • Offer those services via in-person, face-to-face contact.  
  • Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.”  
  • Similarly applies to FQHCs and RHCs |
| Network Adequacy          | New policy                  | • “The department may authorize a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction… as a means of demonstrating compliance with the time or distance standards”  
  • “The department may develop policies for granting credit in the determination of compliance with time or distance standards established pursuant to this section when Medi-Cal managed care plans contract with specified providers to use clinically appropriate video synchronous interaction…”  
  • MCPs still able to utilize telehealth in alternative access standards requests |