

Annual Meeting 2022

November 10, 2022



California
Telehealth
Policy
Coalition

Welcome Address



Diana Camacho, MPH
Senior Program Officer
Improving Access
California Health Care Foundation

Objectives for the Meeting

- Review the Coalition's work in 2022
- Provide an update on legislative and regulatory developments in California telehealth in 2022
- Allow members and other attendees to share their priorities for telehealth policy, advocacy and action in 2023
- Finalize the Coalition's priorities for 2023

Agenda

Time	Item
9:00-9:15	Welcome Address <ul style="list-style-type: none"> Diana Camacho, California Health Care Foundation Mei Wa Kwong, Center for Connected Health Policy
9:15-9:45	Keynote: Leveraging Telehealth for Public Health Interventions <ul style="list-style-type: none"> Rita Nguyen, California Department of Public Health
9:45-10:30	Year in Review <ul style="list-style-type: none"> Joe Garbanzos, AARP California Lisa Matsubara, Planned Parenthood Affiliates of California
10:30-11:15	From AB 415 to AB 32: Sacramento Insider Views on How Telehealth Policy Has Evolved in California <ul style="list-style-type: none"> Katie Heidorn, California Health Care Foundation (moderator) Peggy Broussard-Wheeler, California Hospital Association Lisa Matsubara, Planned Parenthood Affiliates of California
11:15-11:45	Policy Round Up <ul style="list-style-type: none"> Amy Durbin, Center for Connected Health Policy Robby Franceschini, BluePath Health
11:45-12:30	Networking Lunch
12:30-12:45	Overview of Policy Priorities for 2023 <ul style="list-style-type: none"> Mei Wa Kwong, Center for Connected Health Policy
12:45-1:30	Telehealth's Next Chapter: Outlooks for 2023 <ul style="list-style-type: none"> Michael Kurliand, MedWand (moderator) David Ford, California Medical Association April Mims, hims & hers Cary Sanders, California Pan-Ethnic Health Network
1:30-1:45	2022 Telehealth Champion Award & Address <ul style="list-style-type: none"> Assemblymember Eduardo Garcia
1:45-2:00	Wrap Up and Thank You

Thank you to our sponsors!



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS



Keynote: Leveraging Telehealth for Public Health Interventions



Rita Nguyen, MD
Assistant State Public Health Officer,
Population Health
California Department of Public Health

2022 in Review: Coalition Accomplishments



Joe Garbanzos, MPH/EMBA
State President (volunteer)
AARP California
(Education Committee Chair)



Lisa Matsubara, JD
General Counsel and VP of Policy
Planned Parenthood Affiliates of California
(Legislation Committee Chair)

2022 Accomplishments



Administration

- ✓ **Hosted monthly membership meetings.** Guest speakers included
 - Stephanie Landrum Hall et al.: Bridging the Digital Divide: Key Findings from Medicaid Providers During the Pandemic (March)
 - Katie Heidorn: Addressing the Digital Divide: Affordable Connectivity Program for Low-Income Families (June)
 - Quinn Shean: Uniform Telehealth Law (October)
- ✓ **Hosted monthly Legislation and Education Committee meetings** to discuss strategy, review legislation, and develop effective stakeholder educational materials.
- ✓ **Created Coalition Code of Conduct and Process Documents** as part of Coalition Charter to guide Coalition processes and promote a collaborative environment.
- ✓ **Goal Met for Year**, raising \$25,000 to support staff hours

2022 Accomplishments, cont'd



Advocacy

- ✓ **Endorsed state bill and submitted letters of support**
 - AB 2751(E. Garcia): Affordable Internet and Net Equality Act of 2022: Created 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. AB 2751 failed to pass the Senate Governmental Organization at its June 14, 2022 Committee hearing.
- ✓ **Submitted Budget Comments**
 - [Coalition Response to DHCS Post-PHE Telehealth Proposal](#) included key concerns that:
 - Requirements to establish patients only through synchronous telehealth ran counter to law and practice
 - Additional consent requirements impose barriers to accessing care and conflate consent with the concept of patient choice
 - Provider mandates for video capabilities do not take the digital divide into account and may worsen disparities for some of California's most marginalized residents
 - In-person requirements may create barriers that only apply to Medi-Cal patients



Member Engagement and Outreach

- ✓ **Membership expansion** to 165 organizations, representing payers, consumer groups, clinics, hospitals, academic institutions, children, seniors, and provider constituencies.
- ✓ **Broadband outreach** to organizations focusing on the digital divide to foster partnerships and collaboration.

2022 Accomplishments, cont'd



Stakeholder Fact Sheets

- ✓ **Disseminated two new fact sheets**
 - DHCS Post-PHE Telehealth Proposal Fact Sheet
 - Telehealth and Value-Based Care Fact Sheet



Webinars

- ✓ **Hosted three webinars**, educating an average of over 78 attendees at each event about telehealth
 - Telehealth in Medi-Cal: What's New for 2022 (March 2022)
 - Telehealth and Value-Based Care (June 2022)
 - Leaving No One Behind: Assessing the State of Access to Virtual Care for California's Older Adult Population (October 2022)



Policy Briefing

- ✓ **Hosted a policy briefing** entitled "Telehealth Policy, Where We've Been, Where We Are, Where Are We Going" in October, garnering 155 participants, including representatives from state government agencies and the Legislature

From AB 415 to AB 32: Sacramento Insider Views on How Telehealth Policy Has Evolved in California



Lisa Matsubara, JD
General Counsel and VP of Policy
Planned Parenthood Affiliates of California



Peggy Broussard Wheeler, MPH
Vice President, Policy
California Hospital Association



Katie Heidorn, MPA
Director, State Health Policy
California Health Care Foundation
(Moderator)

Notable Telehealth Bills and Policy Changes Over the Years

- **AB 415** (Logue, 2011) Updated the original Telemedicine Act of 1996 – Replaced term “telemedicine” with telehealth; broadened range of telehealth services and providers; removed limits on location and explicit email/telephone exclusion; required consent.
- **AB 809** (Logue, 2014) – Clarified consent requirements
- **AB 744** (Aguiar-Curry, 2019) – Requires reimbursement, on the same basis, to the same extent and at the same rate as the same service provided in-person.
- **AB 1264** (Petrie-Norris, 2019) – Clarified that an appropriate prior examination does not require synchronous interaction between the patient and licensee
- **DHCS Expanded Medi-Cal Telehealth Policy Administratively** – Ensured coverage of most telehealth modalities and gave provider discretion to determine when appropriate
- **AB 133** (2021) – Extended COVID-19 emergency Medi-Cal telehealth expansions until December 31, 2022
- **AB 457** (Santiago, 2021) – Updated private payer law to remove contract specific language related to payment parity and also expanded patient choice protections relative to health plan notices regarding third-party telehealth providers.
- **SB 184** (2022) Ensures permanent Medi-Cal coverage of and payment parity for synchronous and asynchronous telehealth, including audio-only, for all providers, including FQHCs/RHCs. Limits ability to establish a provider-patient relationship to live video and creates new provider requirements related to consent, as well as requiring services to be offered via live video and in-person. Additional details and some exceptions to new limitations/requirements may apply.
- **AB 32** (Aguiar-Curry, 2022) Creates specific exceptions to SB 184 (2022) Medi-Cal limitations, including allowing Medi-Cal providers, including FQHCs/RHCs, to establish a new patient relationship using audio-only telehealth if the visit is related to sensitive services (includes mental/behavioral/reproductive health amongst other services) or when the patient requests an audio-only modality or attests they do not have access to video.

Policy Round-Up




Amy Durbin, MPPA
Policy Advisor
Center for Connected Health
Policy



Robby Franceschini, JD, MPH
Director of Policy
BluePath Health

Legislation Round-Up for 2022 – *Signed by Governor (1/3)*

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 32 (Aguilar 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); Enrolled and presented to the Governor (9/13); Approved by the Governor (9/25); Chaptered by Secretary of State - Chapter 515, Statutes of 2022 (9/25)	<p>Made several changes to Medi-Cal policy beyond SB 184: Creates limited exceptions to allow Medi-Cal providers, including FQHCs/RHCs, to establish a new patient relationship using audio-only telehealth in certain circumstances:</p> <ul style="list-style-type: none"> • 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 <p>In making exceptions to the requirement regarding offering live video telehealth if providing services via audio-only, 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.</p> <p>The bill still tweaks the asynchronous new patient relationship requirements for FQHCs/RHCs to establish patients as well; removes 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.</p>

Legislation Round-Up for 2022 – Signed by Governor (2/3)

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 1758 (Aguiar-Curry)	Continue to monitor.	Passed Senate (8/18); Approved by Governor (8/24); Chaptered by Secretary of State - Chapter 204, Statutes of 2022 (8/29)	<ul style="list-style-type: none"> Defines face-to-face contact for the purposes of “one hour of direct supervisor contact” for Board of Behavioral Sciences to mean in-person contact, contact via two-way, real-time videoconferencing or some combination of these
AB 1759 (Aguiar-Curry)	Continue to monitor.	Passed Senate (8/24); Ordered to Engrossing and Enrolling.(8/24) Enrolled and presented to the Governor (8/31) Approved by the Governor (9/25); Chaptered by Secretary of State – Chapter 520, Statutes of 2022 (9/25)	<ul style="list-style-type: none"> Authorizes associate clinical social worker, associate professional clinical counselor, and clinical counselor trainees to provide services via telehealth Requires applicants for licensure as MFT, LEP, LCSW or LPCC to show they have completed three hours of training via telehealth, including law and ethics relating to telehealth
AB 1982 (Santiago)		Passed Sen. Approps. (8/11); Passed Senate (8/31); Passed Assembly w/ Senate amends. (8/31); Senate amendments concurred in. To Engrossing and Enrolling (8/31); Approved by Governor (9/25); Chaptered by Secretary of State - Chapter 525, Statutes of 2022 (9/25)	<ul style="list-style-type: none"> Adds to AB 457 (Santiago, 2021) private payer statutes regarding third-party telehealth providers that dental plans shall disclose information related to any contracted third-party telehealth providers.
AB 2089 (Bauer-Kahan)	Continue to monitor.	Passed Senate (8/17); Passed Assembly (8/22); Enrolled and presented to the Governor (8/29) Approved by Governor (9/28); Chaptered by Secretary of State - Chapter 690, Statutes of 2022 (9/28)	<ul style="list-style-type: none"> Includes “mental health application information” within the definition of “medical information” in California’s Confidentiality of Medical Information Act (CMIA) and provide that a business that offers a mental health app to consumers is a provider of health care. Clarifies that “health care providers” under this subdivision are not intended to be considered health care providers under other laws


Legislation Round-Up for 2022 – Signed by Governor (3/3)

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 2117 (Gipson)	Continue to monitor.	Passed Sen. Approps (8/11); Passed Senate (8/29); Passed Assembly (8/30); Ordered to engrossing and enrolling (8/30) Enrolled and presented to the Governor (9/12); Approved by the Governor (9/29); Chaptered by Secretary of State - Chapter 772, Statutes of 2022 (9/29)	<ul style="list-style-type: none"> Defines a mobile stroke unit to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services (EMS) agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke.
AB 2754 (Bauer-Kahan)	Continue to monitor.	Passed Senate (8/8); Chaptered by Secretary of State - Chapter 163, Statutes of 2022. (8/22)	<ul style="list-style-type: none"> Allows psychology trainees to be supervised remotely over audio and visual modalities.
SB 717 (Dodd)	Continue to monitor.	Passed Assembly (8/29); Passed Sen. Energy, Utilities and Comms (8/30); Passed Senate (8/31); Ordered to engrossing and enrolling (8/31); Enrolled and presented to Governor (9/9); Approved by the Governor (9/29); Chaptered by Secretary of State. Chapter 813, Statutes of 2022 (9/29)	<ul style="list-style-type: none"> Requires the Office of Planning and Research to conduct, complete, and submit a report to specified legislative committees that reviews and identifies barriers to, and opportunities for, investment in, and efficient building of, broadband access points on government-owned structures and property, private and public lands and buildings, and public rights of way. Requires the review to provide recommendations on how to accelerate deployment of broadband access points to serve tribes, low-income customers, and disadvantaged or underserved communities.
SB 1475 (Glazer)		Passed Senate (8/30); Passed Assembly (8/30); Assembly amendments concurred in. Ordered to engrossing and enrolling (8/30); Enrolled and presented to Governor (9/9); Approved by the Governor (9/28); Chaptered by Secretary of State. Chapter 726, Statutes of 2022 (9/28)	<ul style="list-style-type: none"> Speaks to suspending telehealth requirements around consent for purposes of blood banks when a physician is not present; only as long as the method of telehealth is synchronous Requires written procedures re adverse reactions per the request of the department

Legislation Round-Up for 2022 – *Vetoed by Governor*

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 552 (Quirk-Silva)		Passed Senate Approps (8/11); Passe Senate (8/23); Passed Assembly (8/24); Enrolled and presented to the Governor (8/31); Vetoed by Governor (9/19)	<ul style="list-style-type: none"> • Makes changes to the Integrated School-Based Behavioral Health Partnership Program administered by DHCS; clarifies the use of telehealth is allowed to provide services under this program; clarifies scope of qualifying behavioral health providers enrolled in Medi-Cal, more recent amendments required following up with parents/guardians and pupils as necessary for consent and case management. • Vetoed due to duplication with CYBHI, and ongoing budget concerns
AB 1940 (Salas)	Continue to monitor.	Passed Sen. Approps. (8/11); Passed Senate (8/24); Passed Assembly w/ Sen. Amends (8/25); To Engrossing and Enrolling (8/25); Enrolled and presented to the Governor (8/31); Vetoed by Governor (9/27)	<ul style="list-style-type: none"> • Authorizes a school-based health center (SBHC) to provide primary medical care, behavioral health services, or dental care services onsite or through mobile health or telehealth; requires planning grants be made in the amount of \$50k-100k and startup grants between \$300k-850k • Vetoed due to fiscal impact and ongoing costs for CDPH

Legislation Round-Up for 2022 – *Other Bills That Didn't Pass*

Bill No.	Coalition Support?	Recent Developments	Brief Description
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)	Allows CDPH to establish approval process to deliver care in home setting including via telehealth.
SB 1337 (McGuire)		Held in Sen. Approps. (5/19)	Requires coverage of coordinated specialty care (CSC) services for the treatment of early psychosis. Amendments removed references to telehealth.
SB 371 (Caballero)	 (2021)	2 year bill – Never moved out of Asm. Health (6/3/21)	Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hie, broadband, and telehealth

RECENT MEDI-CAL UPDATES

- **SB 184 (2022) – Adopted Permanent Changes Effective Jan. 1, 2023**
 - Continues coverage of and payment parity for synchronous and asynchronous telehealth, including audio-only, for all providers, including FQHCs/RHCs.
 - Coverage include for other permissible virtual communication modalities
 - Patients can only be established via live video (limited exceptions for asynchronous for FQHCs/RHCS) (no limits for commercial patients)
 - Additional exceptions may be allowed according to forthcoming DHCS guidance
 - **AB 32 (Aguiar-Curry, 2022)** – Audio-only exception for sensitive services or if patient requests/attests to lack of access to live video
 - New requirements related to consent – Now Medi-Cal patients require specific consent criteria separate from general law that already required consent
- Also different than commercial patients, no earlier than 2024, Medi-Cal providers also have to offer live video if offering audio-only (AB 32 included provision that Dept. shall consider broadband limitation exceptions to this requirement), as well as arrange for in-person care
- On or before January 1, 2023 – The department will develop a research and evaluation plan that:
 - 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

CALIFORNIA MEDICAID TELEHEALTH POLICY

PRE-COVID-19	COVID-19	PERMANENT
Live Video & Store & Forward Reimbursed at parity; Provider chooses when appropriate to use. FQHC/RHC Limited use of both modalities	Live Video & Store & Forward Reimbursed at parity; Provider chooses when appropriate to use. FQHC/RHC allowed to use both modalities	Live Video, Store & Forward along w/audio-only, reimbursed at parity (new patients can only be established via live video)
FQHCs/RHCs limited in where patient located at time of service. Home not eligible	FQHC/RHC home eligible originating site for all modalities	FQHC/RHC may use all modalities with no site limitations and reimbursed at full rate (new patients can only be established via live video, with some asynch. exceptions)
No audio-only.	Audio-only reimbursed for services & parity	Audio-only reimbursed at parity, (Beginning around 2024 providers must also offer live video in addition to audio-only)
No RPM.	No RPM.	RPM covered subject to separate fee schedule

FEDERAL/STATE TELEHEALTH POLICY OVERVIEW

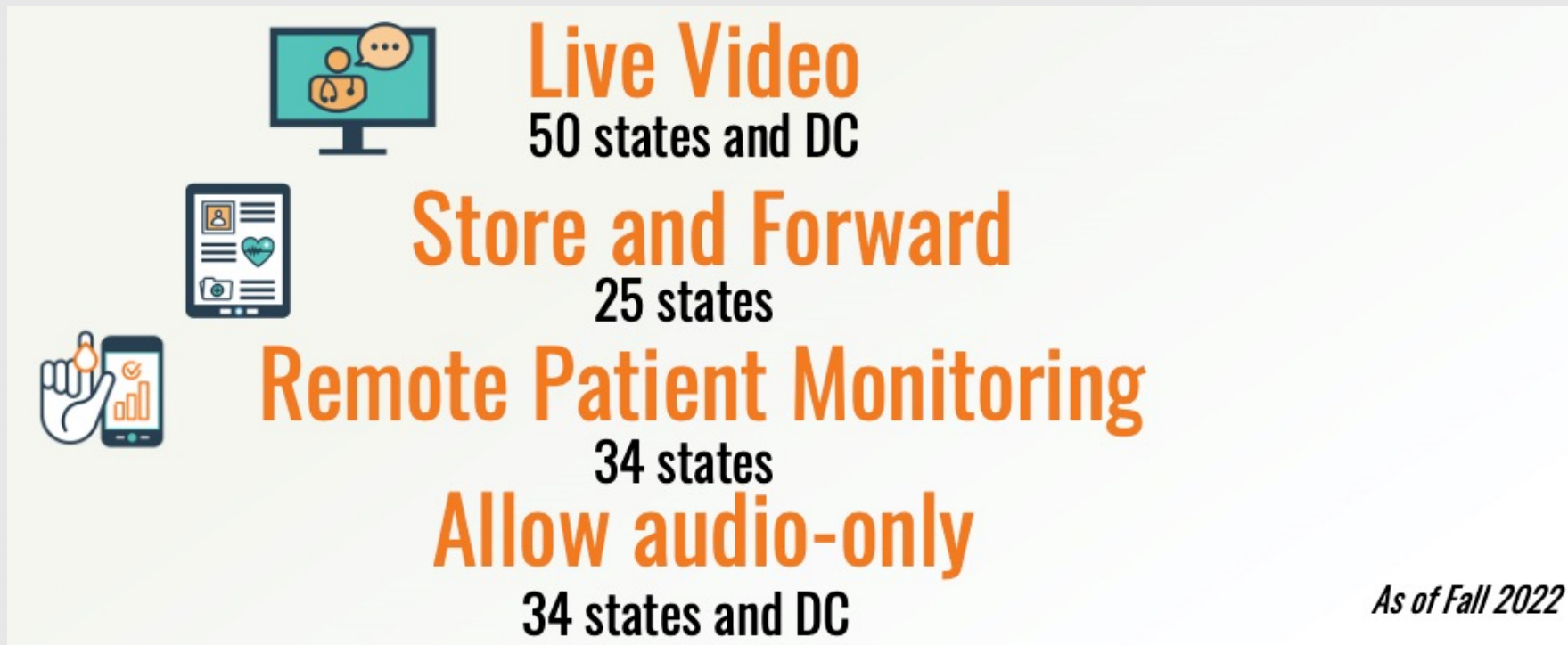
➤ Federal Activity

- CCHP tracking over 200 pieces of federal telehealth legislation
 - Many bills seek to make some of the temporary changes permanent or extend them – focus on removing originating site restrictions, adding audio-only, payment parity, mental and reproductive health
- Medicare – 2021 Budget Bill - Added rural emergency to originating site; expansion of mental health services to be without geographic restriction and allows the home - BUT - one in-person visit with telehealth provider within 6-month period prior to telehealth encounter
- Medicare – 2022 Budget Bill - Extended federal telehealth flexibilities for 151 days post-PHE - includes location, provider, and audio-only expansions - delays new in-person telemental health visit
- Medicare CMS Physician Fee Schedule Post-PHE Changes
 - Some temporary eligible telehealth services extended until end of CY 2023; expansions for audio-only and FQHC/RHCs but many caveats and limited to mental health

➤ State Activity

- New audio-only coverage requirements
- New payment parity laws
- Licensing exceptions for out of state providers

PERMANENT STATE UPDATES: MEDICAID REIMBURSEMENT BY MODALITY (Fee-for-Service)



(Context: Last year at this time store-and-forward was at 22, RPM at 28, and audio-only at 22)

STATE REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



43 states and DC
have telehealth private payer laws

**24 States have
Payment Parity
(up by 3 since last fall)**

Some states have “service parity” others have
“payment parity” or both – in addition, some
make their telehealth
private payer laws
“subject to the terms and conditions
of the contract” which can limit true parity

As of Fall 2022

OTHER FEDERAL ISSUES/IMPACTS

- *Misperceptions related to fraud hindering telehealth expansions*
 - Despite OIG clarifications, confusion remains on difference between “telefraud” and “telehealth fraud” – fraud primarily is related to telemarketing arrangements & inappropriate DME/genetic testing prescriptions unrelated to telehealth visit
- *Cross-state practice issues (i.e. state licensure/prescribing requirements)*
 - Telehealth is considered rendered at location of patient, therefore provider shall abide by laws and licensure requirements in state where patient is located
 - State laws vary widely, most COVID waivers expired
 - CA has no exceptions for out-of-state providers
- *Dobbs Decision*
 - Creates additional cross-state practice concerns/limitations, i.e. CA providers seeking to provide medication abortion via telehealth to patients in certain states

Networking Lunch

Coalition Policy Priorities for 2023



Mei Wa Kwong, JD
Executive Director
Center for Connected Health
Policy

Coalition Policy Priorities for 2022

Draft Policy Priorities and Example Work

➤ **Maintain and expand coverage of telehealth**

- Advocate for continued coverage of telehealth modalities across all types of coverage, e.g., expand remote patient monitoring
- Support continued FQHC/RHC coverage for telehealth
- Revisit cross-state provider considerations (e.g., practicing and prescribing across state lines)

➤ **Build the evidence base for telehealth in California**

- Showcase research and evaluation findings from California organizations on monthly calls
- Work with members to highlight patient stories and input on state policy (moved down here)
- Collect member input to provide input on the DHCS Research and Evaluation Plan

➤ **Bridge the digital divide to ensure patient and provider internet access**

- Work with other health care stakeholder to provide comments and recommendations on California's broadband work
- Showcase the inequitable distribution of internet access/ telehealth for certain communities (i.e., communities of color, the disabled community, older adults)

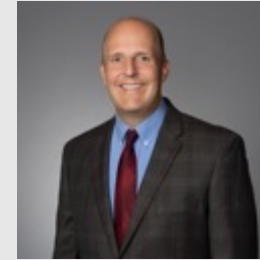
➤ **Ensure California maintains leadership at the state level on telehealth policy**

- Continue to educate Coalition members and others on new and developing state telehealth policies
- Advocate for state coordination on telehealth and related health technology issues
- Conduct outreach to state agency telehealth leaders and legislative leaders

Telehealth's Next Chapter: Outlooks for 2023



April Mims, JD
Senior Vice President, Public
Policy
hims & hers



David Ford
Vice President of Health Information
Technology
California Medical Association



Cary Sanders, MPP
Senior Policy Director
California Pan-Ethnic Health
Network (CPEHN)



Michael Kurliand, MS, BSN, RN
Vice President, Clinical Quality and
Integration MedWand Solutions, Inc.
(Moderator)

2022 State Champion Award & Address



Assemblymember Eduardo Garcia
California State Assembly District 56

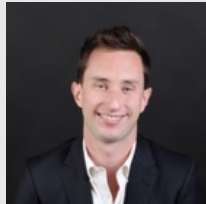
Call to Action and Welcome New Chairs



Amy Durbin, MPP
Policy Advisor
Center for Connected Health Policy



Mike Kurliand, MS, BSN, RN
VP, Clinical Quality and Integration
MedWand Solutions, Inc.



Robby Franceschini, JD, MPH
Director of Policy
BluePath Health



Sarah Rahman, MD, MPH
Associate CMIO
Alameda Health System



Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy



Jennifer Alley
Director, Government Affairs
California Psychological Association

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California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

