

Monthly Meeting

October 21, 2022



California
Telehealth
Policy
Coalition

Agenda

Welcome and Introductions	5 min.
Quinn Shean – Presentation: ULC Telehealth Model Legislation	15 min.
Legislative Updates	10 min.
Committee/Events Updates	10 min.
Planning for 2023 & Next Steps	5 min.
Closing Announcements	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.

ULC Telehealth Model Legislation

Quinn Shean

State Advisor

Tusk Venture Partners

Uniform Law Commission: Uniform Telehealth Act (2022)



What is the Uniform Law Commission?

- The ULC is the nation's oldest state governmental association composed of commissioners appointed by all 50 states the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.
- The ULC drafts uniform laws for the states to consider and enact on subjects on which uniformity across the states is desirable and practicable
- Since 1892, the ULC non-partisan uniform acts have been enacted over 6,000 times by state legislatures.
- In the 2021 legislative year, there were 148 introductions of Uniform or Model Acts and 68 enactments.



Members of the ULC

- Current membership consists of more than 400 commissioners
- ULC commissioners, all of whom are attorneys, are volunteers who do not receive salaries or other compensation for their public service. Commissioners include:
 - Private Practitioners
 - Governmental Lawyers
 - State Legislators
 - State and Federal Judges
 - Law Professors
- Each drafting project represents approx. \$1.2 million in donated legal expertise.



■ ULC Uniform Telehealth Act

TIMELINE

2019-2020: Study Committee on Telehealth

July 2020: Subject approved for Drafting Committee

Jan- July 2021: Drafting Committee meets and drafts Act

- Observers from interested organizations and other entities are invited to assist and participate at every Drafting Committee meeting

July 2021: Act submitted for debate at ULC Annual Meeting

Aug 2021-June 2022: Drafting Committee meets and refines Act

July 2022: Act debated and approved at ULC Annual Meeting

■ ULC Uniform Telehealth Act

KEY OBJECTIVES

- (1) Recognize telehealth as a delivery method of health care and not a separate form of healthcare.
 - Act makes clear that a practitioner who is authorized to provide health care in a state in which a patient is located may provide care through telehealth, if doing so is consistent with the applicable professional practice standards and the practitioner's scope of practice
- (2) Create new pathways for qualified out-of-state practitioners to treat patients across state lines via telehealth
 - Act expands the circumstances under which qualified out-of-state practitioners are permitted to deliver telehealth services to patients located in the enacting state

■ ULC Uniform Telehealth Act

KEY FEATURES: CONSISTENT REGULATORY FRAMEWORK AND STANDARDS

- Broad definition of “telecommunications technology,” including synchronous and asynchronous technologies
- Authorizes a practitioner-patient relationship to be established through telehealth.
- Permits practitioners to deliver healthcare services through telehealth technology if consistent with their scope of practice and the standard of care, as well as other state and federal laws.
- Requires practitioners using telehealth to follow the professional practice standards applicable to the delivery of in-person services including those related to prescribing, consent, patient privacy, and unprofessional conduct.

Uniform Telehealth Act

KEY FEATURES: EASE BARRIERS TO CROSS-STATE CARE VIA TELEHEALTH


- Recognizes existing license or certification pathways in enacting state, including multistate compacts
- Establishes a new streamlined out-of-state practitioner registration process as alternative to licensure (similar to AZ and FL)
 - Practitioner must hold an active, unrestricted license in another state, not subject to current disciplinary investigation or prior 5 yrs, consent to jurisdiction
 - Registration fee may be established, but must reflect the true cost
- Provides exemptions for out-of-state practitioners (i.e. no licensure or registration)
 - Care pursuant to previously established relationship (up to state on timeline)
 - In consultation with practitioner who has relationship, specialty consults

■ ULC Uniform Telehealth Act

RESOURCES

- Uniform Telehealth Act ([here](#))
- Enactment Kit Resources ([here](#))
- For further information, contact
 - Legislative Counsel Haley Tanzman at (312) 450-6620 or htanzman@uniformlaws.org.
 - Vice Chair of Drafting Committee, Quinn Shean quinn.shean@gmail.com

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>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:</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>There is also language added that 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 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.</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 workers, associate professional clinical counselors, 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. Recent amendments minor
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. Recent amendments clarify 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"> This bill would 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. No substantive amendments made. Recent amendments change section of Health and Safety Code affected
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"> This bill would allow psychology trainees to be supervised remotely over audio and visual modalities. Recent amendments include adoption of urgency clause
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. Recent amendments remove legislative findings
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. Amendments now state only as long as the method of telehealth is synchronous. Amended to include reporting of adverse events to dept, and providing written procedures for adverse events. Amendments require 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"> 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 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"> The bill would authorize 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. 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)	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.
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

Education Committee Updates

Meeting Notes:

- Legislative updates
- Webinar Recap: **Thank you for attending our webinar!**

Leaving No One Behind: Assessing the State of Access to Virtual Care for California's Older Adult Population

October 6th from 11am-12pm

Older adults face unique opportunities and challenges to accessing care through telehealth. This session will provide an overview of policy developments and the state of the digital divide for older adults in California, with topics ranging from Medicare reimbursement to broadband access.

Speakers:

- Dr. Zia Agha, West Health Institute
- Amy Durbin, CCHP
- David Lindeman, UC CITRIS
- Brian Carter, California Department on Aging
- Joe Garbanzos, AARP California

Recording and PPT on CCHP Website:
<https://www.cchpca.org/resources/leaving-no-one-behind-assessing-the-state-of-access-to-virtual-care-for-californias-older-adult-population/>

Thank you for attending the Legislative Briefing!

Telehealth Policy, Where We've Been, Where We Are, Where Are We Going?

TOMORROW, Thursday, October 13, 2022 | 12-1:30pm

On Thursday, October 13th from 12-1:30pm, the Coalition will hold its yearly Legislative/Policy briefing. In addition to covering recently adopted Medi-Cal policies, the briefing will provide context on how state policy has evolved over the years, remaining gaps between commercial and Medi-Cal patients, other consumer issues, as well as comparisons in regard to other state and federal policy developments. A variety of issues such as those related to cross-state licensure and impacts of the recent Supreme Court ruling on abortion will be discussed by expert panelists with a history of telehealth engagement at both the state and federal levels.

CONFIRMED SPEAKERS:

- **Diana Camacho, MPH**, Senior Program Officer, Improving Access, California Health Care Foundation (*moderator*)
- **Dr. Daniel Grossman, MD**, Professor & Director, Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco
- **Haleigh Mager-Mardeusz**, Senior Policy Analyst, California Association of Public Hospitals and Health Systems
- **Kelly Pfeifer, MD**, Abortion Provider (AZ, CA, KS) & Independent Policy Consultant, Care Access Strategies
- **Quinn Shean**, State Advisor, Tusk Venture Partners
- **Stacey Wittorff**, Planned Parenthood Affiliates of California (PPAC)

Recording and PPT on CCHP Website:

<https://www.cchpca.org/resources/california-telehealth-policy-coalition-legislative-briefing-telehealth-policy-where-weve-been-where-we-are-where-are-we-going/>

Planning for 2023 & Next Steps

Coalition Policy Priorities in the Coming Year

- Sent out member survey
- Conducting targeted member outreach/interviews
- Will be discussed at Annual Meeting

Annual Meeting Preparation

- See next slide for registration info!
- Sponsorship opportunities still available

Awaiting Forthcoming DHCS Guidance

- New consent requirements guidance
- Potential additional guidance regarding patient establishment exceptions
- Research and evaluation plan

Upcoming Meetings

Upcoming California Telehealth Policy Coalition Annual Meeting

2022 Annual Meeting

On November 10th, the Coalition will host its annual meeting, with the theme “Connection to Care in Changing Times.” This hybrid event will take place at The California Endowment from 9am to 2pm, featuring panels with Coalition participants and keynotes from state health leaders.



- Thursday, November 10, 2022
- 9am-2pm
- The California Endowment (Hybrid event, virtual participation also available)
- Registration link: https://whova.com/portal/registration/ewam_202211/

Closing Announcements



Please reach out to staff if you have any questions

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Amy Durbin: amyd@cchpca.org

Robby Franceschini:
robby.franceschini@bluepathhealth.com

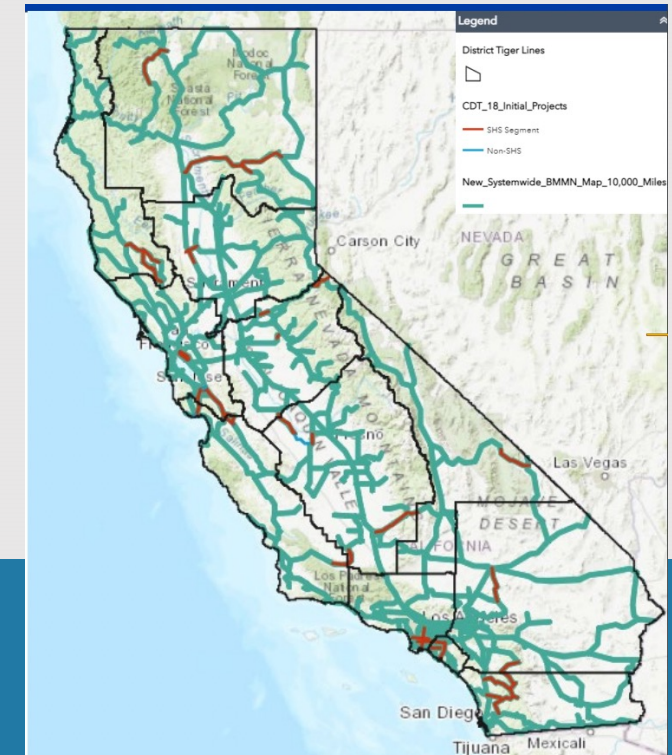
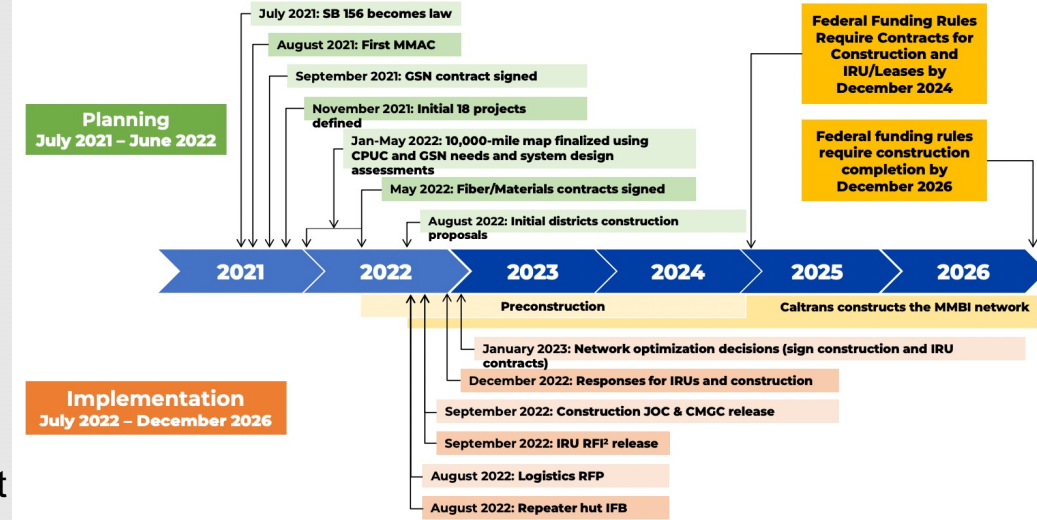
Appendix

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.

MMBI Project Timeline



Broadband Updates (2/2)

Last Mile Updates, August 2022

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

Local Agency Technical Assistance

\$50 Million for Local and Tribal Governments

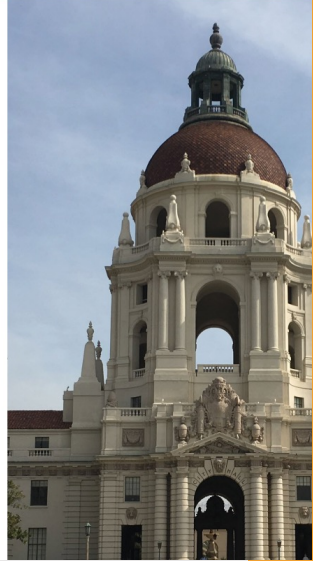
- To facilitate last-mile broadband infrastructure projects
- Supporting local agency and Tribal efforts expanding broadband to families and communities lacking sufficient internet access

Eligibility

- Application window opened on August 1, 2022
- Broad eligibility includes cities, counties, community service districts, municipal utilities districts, school districts, electrical cooperatives, sovereign tribal governments, and Joint Powers Authorities

Examples of Local Agency Technical Assistance

- Includes pre-construction costs, environmental, feasibility, and engineering design studies or reports; needs assessments, broadband studies and plans



Bridging the Digital Divide in California

SAVE MONEY ON HOME INTERNET WITH THE AFFORDABLE CONNECTIVITY PROGRAM

Californians can now save on high-speed Internet with the Affordable Connectivity Program (ACP). Through this federally funded program, eligible households can now save \$30 per month on Home Internet.




Even better: when the ACP discount is used with the right internet plan, Home Internet can be FREE for your family.

APPLY NOW


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


Budget Trailer Bill (SB 184) Medi-Cal Telehealth Provisions (1/4)

Policy Area	Continues Current Policies?	Bill Language
Coverage of Synchronous, Asynchronous, RPM, Virtual Comms., Telehealth		<ul style="list-style-type: none"> “...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 video synchronous interaction, asynchronous store and forward, ... 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.”
FQHCs/RHCs: Coverage of Synchronous & Asynchronous Telehealth		<ul style="list-style-type: none"> 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 video synchronous interaction, using audio-only synchronous interaction, using an asynchronous store and forward modality, when services delivered through that interaction meet the applicable standard of care.
Payment Parity		<ul style="list-style-type: none"> 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.

Budget Trailer Bill (SB 184) Medi-Cal Telehealth Provisions (2/4)

Policy Area	Continues Current Policies?	Bill Language
Patient Establishment via non-live video modalities		<ul style="list-style-type: none">• “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:<ul style="list-style-type: none">• 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

Budget Trailer Bill (SB 184) Medi-Cal Telehealth Provisions (3/4)

Policy Area	Continues Current Policies?	Bill Language
Patient Consent	 (Additional Requirements)	<ul style="list-style-type: none">• “...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:<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• “On or before January 1, 2023, the department shall develop a research and evaluation plan that does all of the following:<ul style="list-style-type: none">• 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.”

Budget Trailer Bill (SB 184) Medi-Cal Telehealth Provisions (4/4)

Policy Area	Continues Current Policies?	Bill Language
New Video Requirement	<i>New policy</i>	<ul style="list-style-type: none">• “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	<i>New policy</i>	<ul style="list-style-type: none">• “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:<ul style="list-style-type: none">• 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	<i>New policy</i>	<ul style="list-style-type: none">• “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

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>

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)