The CA Telehealth Resource Center provides telehealth technical assistance to the state of California.

A few notes about this report:

1. Bills are organized into specific telehealth "topic area".
2. The Fiscal Note (FN) Outlook: The left hand column indicates the bill's Pre-Floor Score, and the right hand column indicates the bill's actual Floor Score of the last chamber it was in (either Senate or House).
3. Regulations are listed at the end in order of their publication date.
4. If you would like to learn more about any piece of legislation or regulation, the bill numbers and regulation titles are clickable and link out to additional information.

### All Bills

**Demonstrations, Grants & Pilot Projects (5)**

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<td>Re Referred To Com On B F R 2019 06 26</td>
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**Title**

Health.

**Description**

AB 78, as amended, Committee on Budget. Budget Act of 2019. Health. (1) Existing law requires the State Department of Public Health to approve or deny an application submitted by a general acute care hospital or an acute psychiatric hospital to the department's centralized applications unit within specified

**Bill Summary:** Requires the Department of Public Health to allocate funds towards local health jurisdictions for sexually transmitted disease prevention and control activities. To the extent possible, funds can be directed to "technology, telehealth, and digital platforms and applications to enhance immediate access to screening, testing, and treatment, as well as partner activities in order to speed activities and to reduce administrative costs."
deadlines and further requires the department to develop a centralized applications advice program and an automated application system. Existing law provides that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. This bill would delete the provision specifying that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account.

(2) Existing law establishes the Office of AIDS in the State Department of Public Health as the lead agency within the state responsible for coordinating state programs, services, and activities relating to the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and AIDS related conditions (ARC), including the CARE Services Program and the AIDS Drug Assistance Program (ADAP). Existing law, to the extent that state and federal funds are appropriated in the annual Budget Act for these purposes, authorizes the Director of Public Health to administer the ADAP to provide drug treatments to persons infected with HIV and AIDS, and to establish uniform standards of financial eligibility for the drugs under the program, in accordance with applicable federal law. This bill would rename the CARE Services Program the HIV Care Program. The bill would, commencing April 1, 2020, require the State Department of Public Health to apply the same financial eligibility requirements for the purposes of administering the HIV Care Program as those set forth for the ADAP.

(3) Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child’s periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose...

Primary Sponsors
Title
Health care: mental health.

Description
AB 1676, as amended, Maienschein. Health care: mental health. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Brian Maienschein

Bill Summary: Would require health care service plans and health insurers to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist in order to quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. Would require the plans to communicate information relating to the telehealth program at least twice a year in writing.
Title
Mental health services: youth.

Description
SB 12, as amended, Beall. Mental health services: youth. Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Existing law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission. This bill would require the commission, subject to the availability of funds for these purposes, an appropriation, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.

Primary Sponsors
Jim Beall, Anthony Portantino

Bill Summary: Would require the Mental Health Services Oversight and Accountability Commission, subject to the availability of funds, to administer an Integrated Youth Mental Health Program to establish local centers to provide integrated youth mental health services for youths 12 years of age to 25 years of age. The program is intended to reach adolescents and young adults in clinical sites, online, in schools, and other venues.
Title
Public health: public university student health centers: abortion by medication techniques.

Description
SB 24, as amended, Leyva. Public health: public university student health centers: abortion by medication techniques. Existing law establishes the University of California, under the administration of the Regents of the University of California, and the California State University, under the administration of the Trustees of the California State University, as 2 of the segments of public postsecondary education in this state. This bill would express findings and declarations of the Legislature relating to the availability of abortion by medication techniques at on-campus student health centers at public postsecondary educational institutions in the state. The bill would require, on and after January 1, 2023, each student health care services clinic on a California State University or University of California campus to offer abortion by medication techniques, as specified. The bill would require the Commission on the Status of Women and Girls to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund, which the bill would establish. The bill would continuously appropriate the moneys in that fund to the commission for grants to these student health care clinics for specified activities in preparation for providing abortion by medication techniques, thereby making an appropriation. The bill would provide that its requirements would be implemented only if, and to the extent that, a total of at least $10,290,000 in private moneys is made available to the fund in a timely manner on or after January 1, 2020. The bill would require the commission to submit a report to the Legislature, on or before December 31, 2021, and on or before December 31 of every year thereafter, until December 31, 2026, that includes, but is not necessarily limited to, specified information relating to abortion by medication techniques at these student health clinics.

Primary Sponsors
Connie Leyva, Wendy Carrillo

Bill Summary: Requires the Commission on the Status of Women and Girls to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund and provide a grant, with money from the fund, of two hundred thousand dollars to each public university student health center to pay for the direct and indirect cost of medication abortion readiness. Allowable expenses include costs associated with enabling the campus health center to deliver telehealth services, including for the purpose of prescribing abortion medication.
Title
Health.

Description
SB 78, Committee on Budget and Fiscal Review. Health. (1) Existing law requires the State Department of Public Health to approve or deny an application submitted by a general acute care hospital or an acute psychiatric hospital to the department's centralized applications unit within specified deadlines and further requires the department to develop a centralized applications advice program and an automated application system. Existing law provides that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. This bill would delete the provision specifying that the resources necessary to implement these requirements be made available, upon appropriation by the Legislature, from the Internal Departmental Quality Improvement Account. (2) Existing law establishes the Office of AIDS in the State Department of Public Health as the lead agency within the state responsible for coordinating state programs, services, and activities relating to the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and AIDS related conditions (ARC), including the CARE Services Program and the AIDS Drug Assistance Program (ADAP). Existing law, to the extent that state and federal funds are appropriated in the annual Budget Act for these purposes, authorizes the Director of Public Health to administer the ADAP to provide drug treatments to persons infected with HIV and AIDS, and to establish uniform standards of financial eligibility for the drugs under the program, in accordance with applicable federal law. This bill would rename the CARE Services Program the HIV Care Program. The bill would, commencing April 1, 2020, require the State Department of Public Health to apply the same financial eligibility requirements for the purposes of administering the HIV Care Program as those set forth for the ADAP. (3) Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case... (click bill link to see more).

Primary Sponsors
Senate Committee on Budget and Fiscal Review

Bill Summary: Requires the Public Health Department to allocate funds to local health jurisdictions for sexually transmitted disease prevention and control activities. In awarding funds, the Department shall authorize jurisdictions to include innovative and impactful prevention and control activities, to include technology, telehealth and digital platforms and applications to enhance immediate access to screening, testing and treatment as well as partner activities in order to speed activities to reduce administrative costs.
Title
Health care coverage: telehealth.

Description
AB 744, as amended, Aguiar-Curry. Health care coverage: telehealth. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from requiring that in-person contact occur between a health care provider and a patient, and from limiting the type of setting where services are provided, before payment is made for covered services provided appropriately through telehealth services. This bill would require a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber, or a contract issued, amended, or renewed on or after January 1, 2021, between a health insurer and a health care provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill would authorize a health care service plan or health insurer to offer a contract or policy containing a copayment ... (click bill link to see more).

Primary Sponsors
Cecilia Aguiar-Curry

Bill Summary: Removes the requirement that Medi-Cal patients receiving teleophthalmology, teledermatology, or teledentistry by store and forward be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist. Requires a contract issued, amended, or renewed on or after January 1, 2021 to specify that the health care service plan or health insurer reimburse a healthcare provider for the diagnosis, consultation, or treatment through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Services that are the same, as determined by the provider’s description of the service on the claim, would be reimbursed at the same rate whether provided in person or through telehealth. When negotiating a rate of reimbursement for telehealth services for which no in-person equivalent exists.
Title
Medi-Cal: covered benefits: continuous glucose monitors.

Description
AB 848, as introduced, Gray. Medi-Cal: covered benefits: continuous glucose monitors. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program. Existing law also generally requires pharmaceutical manufacturers to provide to the department a state rebate for certain drug products that have been added to the Medi-Cal list of contract drugs, that are approved for the treatment of acquired immunodeficiency syndrome (AIDS), or an AIDS-related condition, or cancer, and that are reimbursed through the Medi-Cal outpatient fee-for-service drug program, as specified. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department.

Primary Sponsors
Adam Gray

Bill Summary: This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department.
Title
Medi-Cal: telehealth: state of emergency.

Description
AB 1494, as amended, Aguiar-Curry. Medi-Cal: telehealth: state of emergency. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth, as defined, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. Existing law, for purposes of payment for covered treatment or services provided through telehealth, prohibits the department from limiting the type of setting where services are provided for the patient or by the health care provider. This bill would provide, only to the extent that federal financial participation is available and federal approval is obtained, that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic, clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency. The bill would authorize the department to apply this provision to services provided by another enrolled fee-for-service Medi-Cal provider, clinic, or facility during or immediately following a state of emergency. The bill would require that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency. The bill would require the department, on or before March 1, 2020, to establish a stakeholder process to assist the department in developing guidance for those entities to facilitate reimbursement for the above-described services, and, on or before July 1, 2020, to issue the specified guidance, including certain instructions on the submission of claims for telehealth or telephonic services. The bill would authorize the department to implement the provisions by various means, including provider bulletins, and would require the department to adopt regulations, for purposes of the guidance, by January 1, 2024.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Summary: Provides that neither face-to-face contact, nor a patient's physical presence on the premises of an enrolled community clinic, is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency, as specified. Requires that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency.
Title
Medi-Cal: managed care plans.

Description
(1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal regulations require a state that contracts with specified Medicaid managed care plans to develop and enforce network adequacy standards, to ensure that services covered under the Medicaid state plan are available and accessible to enrollees of specified Medicaid managed care plans in a timely manner, and to contract with a qualified external quality review organization (EQRO) to produce annually an external quality review technical report that summarizes findings on access and quality of care. Existing state law establishes, until January 1, 2022, certain time and distance and appointment time standards for specified services consistent with those federal regulations to ensure that Medi-Cal managed care covered services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, and authorizes a Medi-Cal managed care plan to request approval from the department to use alternative access standards for the time and distance standards if specified conditions are met, including that the Medi-Cal managed care plan has exhausted all reasonable options to obtain providers to meet the applicable standard. Existing state law requires a Medi-Cal managed care plan to provide annually to the department, or upon the department's request, a report that demonstrates the Medi-Cal managed care plan's compliance with time and distance standards, and requires the EQRO to compile various data, by plan and by county, related to time and distance standards, including the number of requests for alternative access standards in the plan service area for time and distance. This bill would require a Medi-Cal managed care plan to provide to the department additional information in its request for the alternative access standards, including a description of the reasons justifying the alternative access standards, and to report to the department on how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of Medi-Cal covered transportation. The bill would require the department to evaluate, as part of its review and approval of an alternative access standard, if the resulting time and distance is reasonable to expect a beneficiary to travel to receive care. The bill w... (click bill link to see more).

Bill Summary: Specifies that the department may authorize a Medi-Cal managed care plan to use clinically appropriate telecommunications technology as a means of determining annual compliance with the time and distance standards established pursuant to this section or may approve alternative access to care, including telehealth consistent with the requirements of Section 2290.5 of the Business and Professions Code, e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.

Primary Sponsors
Jim Wood
Title
Medi-Cal: federally qualified health center and rural health clinic services.

Description
SB 66, as amended, Atkins. Medi-Cal: federally qualified health center and rural health clinic services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician, physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also make an FQHC or RHC visit to a licensed acupuncturist reimbursable on a per-visit basis. The include a licensed acupuncturist within those health care professionals covered under the definition of “visit.”

The bill would require the department, by July 1, 2020, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

Primary Sponsors
Toni Atkins, Mike McGuire

Bill Summary: This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.
Title
Eye care: remote assessment.

Description
AB 156, as introduced, Voepel. Eye care: remote assessment. Existing law restricts to a physician and surgeon licensed by the Medical Board of California or optometrist licensed by the State Board of Optometry the power to prescribe ophthalmic devices, including spectacle or contact lenses. Existing law establishes standards for spectacle lens and contact lens prescriptions. Existing law prohibits any person other than licensed physicians and surgeons, licensed optometrists, or registered dispensing opticians from dispensing, selling, or furnishing prescription lenses, except as provided in the Nonresident Contact Lens Seller Registration Act. This bill would prohibit a person from operating an assessment mechanism to conduct an eye assessment or to generate a prescription for contact lenses or visual aid glasses to a patient at a California residence unless prescribed requirements are met. The bill would define “assessment mechanism” to mean an automated or virtual equipment, application, or technology designed to be used on a telephone, a computer, or an internet-based device that may be used either in person or remotely to conduct an eye assessment and includes artificial intelligence devices and any equipment that is used to perform an eye assessment. The bill would define other terms for its purposes. The bill would prohibit a person from operating an assessment mechanism to conduct an eye assessment or generate a prescription to a California patient that is under 18 years of age or to a California patient that has not received an in-person comprehensive eye health examination by an optometrist or physician and surgeon within the previous 24 months. The bill would require that the evaluation, treatment, and consultation recommendations by a licensed optometrist or physician and surgeon utilizing an assessment mechanism be held to the same standards of appropriate practice as those in traditional in-person clinical settings. The bill would make a knowing violation of these provisions subject to civil penalties and enforceable by the Attorney General.

Primary Sponsors
Randy Voepel

Bill Summary: The bill would prohibit a person from operating an assessment mechanism (meaning virtual equipment, application or technology that can be computer or internet based) to conduct an eye assessment or generate a prescription to a California patient that is under 18 years of age or to a California patient that has not received an in-person comprehensive eye health examination by an optometrist or physician and surgeon within the previous 24 months.
Title
Medical Practice Act: dangerous drugs: appropriate prior examination.

Description
AB 1264, as amended, Petrie-Norris. Medical Practice Act: dangerous drugs: appropriate prior examination. The Medical Practice Act provides for the licensing and regulation of the practice of medicine. The act makes it unprofessional conduct for a licensee to prescribe, dispense, or furnish dangerous drugs without an appropriate prior examination and a medical indication. This bill would specify that an appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, as specified, provided that it the licensee complies with the appropriate standard of care. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Cottie Petrie-Norris

Bill Summary: This bill would specify that an appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, as specified, provided that the licensee complies with the appropriate standard of care.
Title
Information privacy: digital health feedback systems.

Description
AB 384, as amended, Chau. Information privacy: digital health feedback systems. Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines “medical information” for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would expand the definition of “medical information” for purposes of the act to include any information in possession of, or derived from, a digital health feedback system, which the bill would define. The bill would also require a manufacturer or operator that sells or offers to sell a device or software application that may be used with a digital health feedback system to a consumer in California to equip the device or software application, and the system, with reasonable security features that meet certain requirements, including that the measures be appropriate to the nature of the device, software application, or system. Because this bill would expand the definition of a crime, it would impose a state-mandated local program. The bill would make other related conforming changes. This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual’s mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual’s individually identifiable personal health record information through a direct measurement of an individual’s mental or physical condition or through user input regarding an individual’s mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program.

Bill Summary: This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual's mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual's individually identifiable personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality... (click bill link to see more).

Primary Sponsors
Ed Chau
Title
Medi-Cal managed care: quality improvement and value-based financial incentive program.

Description
AB 537, as introduced, Wood. Medi-Cal managed care: quality improvement and value-based financial incentive program. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including through a county organized health system and geographic managed care. This bill would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the department to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves an MPL. The bill would, among other things, require the department to establish a public stakeholder process in the planning, development, and ongoing oversight of the programs. The bill would require the department to annually and publicly report the results of the quality assessment and performance improvement program on the department's internet website. The bill would require the department to utilize the results of the quality improvement and value-based financial incentive program to inform a publicly reported Quality Rating System for Medi-Cal managed care plans, subject to federal approval.

Bill Summary: Would require, beginning January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level that improves the quality of health care and reduces health disparities for enrollees, as specified. The Department of Health Care Services would be required to establish both a quality assessment and performance improvement program as well as a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves the minimum performance level.

Primary Sponsors
Jim Wood
Title
Health care: data reporting.

Description
SB 612, as introduced, Pan. Health care: data reporting. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes the Office of Statewide Health Planning and Development (OSHPD) in the California Health and Human Services Agency to regulate health planning and research development. This bill would require a health care service plan, health insurer, and medical group to report specified information to OSHPD on or before January 1, 2021, and on or before January 1 annually thereafter, on its participation in collaboratives and activities, including a program in which an enrollee or insured receives comprehensive transitional care or the supportive and therapeutic needs of an enrollee or insured are addressed in a holistic fashion. The bill would require OSHPD to compile and publish, on or before April 1, 2021, and on or before April 1 annually thereafter, the aggregate information received, organized by health care service plan, health insurer, and medical group, on its internet website. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Richard Pan

Bill Summary: Would require health care service plans, including Medical managed care plans and medical groups, to report to the Office of Statewide Health Planning and Development, its participation in specific collaboratives and activities. This includes reporting services and support that are geographically located as close as possible to an enrollee and, if available, offered through nontraditional settings, including telehealth.
Title
Health care coverage: telehealth.

Description
AB 744, as amended, Aguiar-Curry. Health care coverage: telehealth. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from requiring that in-person contact occur between a health care provider and a patient, and from limiting the type of setting where services are provided, before payment is made for covered services provided appropriately through telehealth services. This bill would require a contract issued, amended, or renewed on or after January 1, 2020, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber, or a contract issued, amended, or renewed on or after January 1, 2020, 2021, between a health insurer and a health care provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill would authorize a health care service plan or health insurer to offer a contract or policy containing a deductible, copayment, or coinsurance or other durational benefit limitation or maximum for benefits or services that are not equally imposed on all terms and services covered under the contract.

Bill Summary: Removes the requirement that Medi-Cal patients receiving teleophthalmology, teledermatology, or teledentistry by store and forward be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist. Requires a contract issued, amended, or renewed on or after January 1, 2020 to specify that the health care service plan or health insurer reimburse a healthcare provider for the diagnosis, consultation, or treatment through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Authorizes a health care service or health insurer to offer a contract or policy containing a deductible, copayment, or coinsurance requirement for a healthcare service delivered through telehealth services, subject to specified limitations. Prohibits a policy or health plan from imposing an annual or lifetime dollar maximum for telehealth services as well as from imposing a deductible, copayment, or coinsurance or other durational benefit limitation or maximum for benefits or services that are not equally imposed on all terms and services covered under the contract.

Primary Sponsors
Cecilia Aguiar-Curry
## Title
Healing arts.

## Description
AB 1519, as amended, Committee on Business and Professions Law. Healing arts: Dental Board of California. arts.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California and authorizes the board to appoint an executive officer to exercise powers and perform duties delegated by the board to the executive officer. The act requires the Governor, the Senate Committee on Rules, and the Speaker of the Assembly to appoint specified members of the board, and authorizes the Governor to remove a member of the board from office at any time for continued neglect of duty, incompetency, or unprofessional or dishonorable conduct. The act requires the board to appoint its own attorney and to prescribe that attorney's duties and compensation. These provisions are in effect only until January 1, 2020, and, upon repeal of those provisions, the board will be subject to review by the appropriate policy committees of the Legislature. This bill would instead authorize the appointing authority to remove from office at any time a member of the board appointed by that authority for the reasons specified above. The bill would require the board to appoint its own attorney by July 1, 2020. The bill would revise and recast additional provisions relating to administration of the act, and would extend the provisions relating to the Dental Board of California and the executive officer to January 1, 2024. The Dental Practice Act requires the board to approve foreign dental schools based on specified standards. Existing law requires a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law requires the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law requires an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee. This bill, beginning January 1, 2020, would prohibit the board from accepting new applications for approval of foreign dental schools and would require foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. The bill would require previously approved foreign dental schools to complete the CODA accreditation by January...

### Bill Summary
This bill would specify that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice shall apply to healthcare providers who provide telehealth services.

### Primary Sponsors
Evan Low
Title
Agency
Description

A. Informative Digest

BPC section 4808 authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable it to carry into effect the provisions of the Veterinary Medicine Practice Act. This regulatory proposal would amend CCR section 2032.1. Specifically, the Board is proposing the following: Amend subdivision (d) of section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to make conforming technical corrections to the “drug” and “dangerous drug” cross-references to the BPC. Add subdivision (e) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to clarify that a person may not practice veterinary medicine in this state except within the context of a veterinarian–client–patient relationship (VCPR), which cannot be established solely by telephonic or electronic means. Add subdivision (f) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to clarify BPC sections 686 and 2290.5 that telemedicine, as provided by animal health care practitioners, shall be conducted within an existing VCPR, with the exception of advice given in an “emergency,” as defined in BCP section 4840.5, until the patient(s) can be seen or transported to a veterinarian. In new subdivision (f) of section 2032.1, define “telemedicine” to mean the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient.

B. Policy Statement Overview/Anticipated Benefits of Proposal

Policy Statement Overview

The primary mission of the Board is to protect consumers and animals through the development and maintenance of professional standards. The proposed regulations regarding telemedicine were developed to address the increasing use of telemedicine in veterinary practices. This proposal was developed by considering the American Veterinary Medical Association (AVMA) and the American Association of Veterinary State Boards (AAVSB) policies regarding telemedicine. Telemedicine is currently authorized under BPC section 686 for all health care practitioners licensed under Division 2 of the BPC, which includes veterinarians. However, that section makes practitioners subject to certain requirements under the Medical Practice Act, which does not generally apply to veterinary services. This proposal defines “telemedicine” for veterinary purposes and states that it can be used as a delivery of health care services only after a VCPR has been established in person. Without the prior establishment of this relationship, a veterinarian is unable to provide the appropriate level of care and diagnosis needed to assist the animal patient effectively. Anticipated Benefits of Proposed Regulatory Action

The proposal will provide appropriate restrictions on the provision of telemedicine by clarifying the requirements to establish a VCPR before providing telemedicine. By requiring a veterinarian to have personally examined the animal patient and documented the animal's medical history as part of establishing the VCPR before providing telemedicine services, the animal patient will receive better care if the consumer needs to communicate with the veterinarian via electronic or telephonic communication following in-person examination. Accordingly, this regulatory proposal promotes the safety of animals and the public by regulating telemedicine treatment. The proposal will also provide appropriate guidelines for providing telemedicine, which will benefit veterinarians who implement telemedicine services into their practice.

C. Consistency and Compatibility with Existing State Regulations

While there are multiple CCRs and federal regulations that deal with human telemedicine, the Board has determined this proposal would be the only state regulation that deals with the subject area of animal telemedicine. The Board has evaluated this regulatory proposal and found that it is neither inconsistent nor incompatible with existing state regulations.

Regulation Summary

The proposal will provide restrictions on the provision of telemedicine by clarifying the requirements to establish a Veterinarian Client Patient Relationship before providing telemedicine. The proposal will also provide guidelines for providing telemedicine.