I. Overview of CONNECT for Health Act (S. 2741)

Meghan O’Toole, a Health Legislative Assistant from the Office of Senator Brian Schatz, provided a brief overview of the CONNECT for Health Act (S. 2741). Sen. Schatz introduced the bill in 2019 in the House with a bipartisan group of lawmakers. Currently, over 130 organizations are endorsing the bill, which is especially important to Hawaii. Due to the state’s many islands and small population there is a workforce shortage in Hawaii and many individuals must fly to other islands for routine care. One of Sen. Schatz’s main priorities is Section 3 of the bill, which expands the use of telehealth through waivers of certain requirements. It would allow the Secretary of Health and Human Services to waive restrictions applicable to telehealth payment and provides flexibility to ensure the Secretary can use the waivers as provided. The waivers would need to reduce spending without reducing the quality of care or improve the quality of care without increasing spending and would be applicable to health professional shortage areas with high need. Additionally, Section 4 would remove the geographic requirements for telehealth services that are mental health services. Ms. O’Toole stated that Section 6 was specifically added to address the current process of requesting new services under the Medicare physician fee schedule. The section would require more explicit clarification on the criteria used to make those requests. Finally, Section 11 would clarify that the provision of technologies to a Medicare beneficiary for the purposes of furnishing telehealth services does not constitute fraud or abuse.

Ms. Kwong requested more information regarding the section on limitations for FQHCs and RHCs. Ms. O’Toole explained that Section 7 is intended to remove restrictions on originating sites so that FQHCs and RHCs can participate as originating sites. It would also allow them to provide and be reimbursed for telehealth services.

The bill is currently being reviewed by the Finance Committee. Ms. O’Toole stated they are looking for bipartisan cosponsors for the bill and that any support would be helpful.

Mr. Franceschini asked for more information regarding the section requiring MEDPAC to conduct a study on increasing access under Medicare to telehealth telehealth services in the home. Ms. O’Toole responded that Section 12 originated from discussions regarding a CMS report stating that the lack of the home as an originating site is one of the biggest barriers to telehealth. The MEDPAC study is the most progress that could be made currently.
Letters of support may still be submitted for the CONNECT for Health Act. Additionally, the office of Sen. Brian Schatz is interested in receiving any data on telehealth, especially regarding any issues or ideas.

II. Legislative Briefing

Ms. Kwong provided a brief recap of the legislative briefing held on October 31st at the Capitol Building. The event had over 100 persons registered. Evaluations were positive and there is a great deal of interest on future briefings on telehealth. The coalition committees are considering the types of briefings that could be held in 2020.

Mr. Franceschini stated the briefing seemed to be a great introduction to the telehealth coalition. He added that there was great feedback on the evaluations regarding the topics attendees would like to see in the future, including modalities, workforce issues, and emergency issues.

III. CalAIM

Ms. Kwong mentioned that she had previously sent out information about the CalAIM program, regarding updates to the 1115 waiver. There have been draft documents released and the program is looking for comments. Some examples of areas where the Coalition may provide comment were pulled, including managed care member risk identification and mitigation, enhanced care management (“in lieu of” services), and institutions of mental disease demonstration. Comments are due December 16th.

IV. November 5th Coalition Meeting

Ms. Leslie thanked everyone for participating in the events of the November 5th meeting. Those who did not attend can review content on the coalition webpage. Priority areas discussed during the meeting included coverage and access, data collection, and the landscape of telehealth. There was also a focus on state coordination and creating a sense of urgency in the state as well as monitoring and implementation. Further information regarding the outcomes of the sessions can be found in the slide deck appendix.

The education committee will be looking at the ideas and recommendations from the meeting and will be working to understand the governor’s priorities around telehealth. There was also feedback regarding the creation of an advisory council, similar to what exists in Hawaii. There is also an interest in holding other briefings in 2020 and following the developments of CalAIM.

There is interest for the legislation committee to follow up on AB 744 on parity to include Medi-Cal and remove the Medi-Cal carve out. There was discussion about broadband, especially from keynote speaker Assemblymember Cecilia Aguiar-Curry. Finally, there was discussion around the creation of a dashboard looking at the utilization of telehealth in California.

For the new regulatory committee, there was interest in looking at how to better help FQHCs in supporting telehealth and to be open to discussions with DMHC regarding timely access standards.
Ms. Kwong noted that the committees are still open to new members. Anyone interested in joining a committee may contact Trey (Treyb@cchpca.org).

Mr. Franceschini added that there was an idea for a person to serve as vice chair to a committee who will take over as committee chair during the next in-person coalition meeting. If you would like to elect yourself or someone else to the role of vice chair for any committee, you may email Robby (robbi.franceschini@bluepathhealth.com) or Trey (Treyb@cchpca.org).

*CCHP serves as the convener of the Telehealth Policy Coalition monthly conference calls. The purpose of these calls is to share relevant information and provide a forum for strategy discussions.*
## Agenda

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<td>Overview of the CONNECT for Health Act</td>
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<td>CalAIM Proposal - Request for Comments</td>
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Overview of CONNECT for Health Act (S. 2741)

Meghan O’Toole
Health Legislative Assistant
Office of Senator Brian Schatz

Please see the fact sheet attached with today’s materials for more information.
October 31 Briefing Recap

- **Over 80 people** attended the Coalition’s briefing at the Capitol on October 31
  - 20 legislative staffers
  - Attorneys from OLC and analysts from LAO
  - Representatives from public interest and advocacy organizations

- Attendees voiced **high interest in learning more** about telehealth in evaluations including modalities, workforce issues, its application during emergencies

- Materials distributed included the Coalition’s **new fact sheets on telehealth**, now published on the Coalition webpage

- Education Committee will **review evaluation feedback** and determine potential topics for any briefings in 2020

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Briefing recording and fact sheets now available on Coalition webpage.

Thanks to CHCF for sponsoring this event!
DHCS is soliciting comments on its CalAIM proposal by December 16, 2019 to be considered by CalAIM Workgroups.

Interested stakeholders can also attend workgroup and quarterly stakeholder meetings to provide comments or learn more.

Example areas where Coalition has the ability to comment:

**Managed care member risk identification and mitigation**
- Reinforce DHCS’ goal of using health IT to support integrated care and care coordination; request that plans also report how they will include their telehealth programs within proposal’s framework on data exchange and interoperability to reinforce telehealth’s role in care coordination

**Enhanced Care Management- “In lieu of” services**
- Support inclusion of language that managed care plans be able to use telehealth for to provide “in lieu of services” like medical respite care when appropriate
- Suggest telehealth be listed as part of home modifications to enable individuals to function with greater independence in the home

**Institutions of Mental Disease Demonstration**
- Reinforce CMS requirements for a health IT plan that describes state ability to leverage health IT, HIEs, and ensure interoperability; request that DHCS develop a plan for all its programs and demonstrations
**Highlights from Annual Meeting: Policy Priorities and Next Steps for 2020**

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**Action Items**

**Education Committee**
- Conduct outreach with Governor’s office, promote urgency around telehealth coordination and advisory council
- Participate in any stakeholder outreach from the Governor’s office around broadband
- Design provider campaign on how to bill for telehealth
- Host most legislative briefings in 2020
- Define and communicate telehealth’s value
- Submit comments to DHCS on CalAIM proposal

**Legislation Committee**
- Support a bill that establishes payment parity for Medi-Cal managed care
- Support any bills promoting or funding broadband access
- Re-submit bill on telehealth resources to feature a telehealth dashboard; include language on a telehealth coordinator position at state level
- Support EHR interoperability bill, promote standards for data sharing

**Regulation Committee (new)**
- Understand state and federal limitations around FQHC telehealth billing
- Submit comments to DMHC on timely access standards
- Develop strategy and forum for inter-agency and association dialogue on telehealth

**Join our committees in the coming weeks to assess these action items.**
Committee Vice Chairs: Call for Nominations

› Committee chairs have identified the creation of **committee vice chairs** as new positions to assist with meetings and report facilitation, and to create smooth transitions to new chairs each year

› Vice chairs would be serving with chairs in 2020 and take over as chair at the 2020 annual meeting

› Future vice chairs would officially begin their term as chair at the annual meeting

If you would like to be a vice chair, or know someone who would be a good fit, please send nominations to Trey at treyb@cchpca.org
Please complete the seven questions in the annual meeting survey. Your feedback on the meeting and operations is much appreciated. Available here.

The briefing recording and fact sheets are now available for download under Highlights on the Coalition webpage.

CCHP recently published its annual fall report outlining state telehealth laws and policies, including changes to the Medi-Cal program and payment parity in California.

CCHP published an analysis of telehealth additions to the Medicare Physician Fee Schedule for 2020.

Rep. Wright of Texas this week introduced Telebortion Prevention Act (H.R.4935) which would prevent providers from prescribing medication abortion drugs without a prior physical examination and a provider in the room which the drugs are taken.
Proposed Policy Priorities and Activities for 2020

- Introduce on Friday’s call and have committees review and finalize on their next calls
- Split into five categories
  - Coverage and Access
  - Data Sharing
  - Education
  - State Coordination and Urgency
  - Implementation and Monitoring
- See appendix for more detailed notes and ideas from break outs
Vision for 2020: Support policies that work to “bridge the digital divide” and close gaps in access to telehealth services in California.

Activities:

- Leg. Comm.: Support bill (if put forward) that includes payment parity for Medi-Cal managed care.

- Leg./Reg. Comms.: Understand federal and state FQHC billing restrictions that led to telehealth reimbursement carve-outs. Support bills or regulatory outreach that works to eliminate these carve-outs.

- Reg. Comm.: Submit comments to DMHC in 2020 on timely access standards for commercial plans related to how telehealth is counted in alternative access standards.

- Leg. Comm.: Supporting policies promoting greater broadband access
Vision for 2020: Help standardize telehealth data metrics and reporting requirements to promote rigorous research and create a single “source of truth” on the state of telehealth in California.

Activities:

- Leg. Comm.: Re-submit 2019 bill to create dashboard for telehealth (utilization, claims)
- Leg. Comm.: Work with EHR interoperability bill sponsor (CMA) to encourage standardized language and datasets for data sharing among systems (i.e., HL7 or other standards)
- Leg./Ed. Comm.: Support idea of state coordinator on telehealth (see other slide). Include language requiring position to include leadership on creating standards for telehealth data sharing. Consider how data can be reported in a standard way across payers (i.e., consistent file formats and fields).
Vision for 2020: Foster an improved understanding of telehealth for stakeholders through targeted messaging and content aimed at specific stakeholders.

Activities:

- Ed. Comm.: Create provider campaigns on billing ("how to bill for telehealth") and telehealth 101 ("more than just phone calls"). Could include webinars in addition to fact sheets.

- All committees: Evaluate the current state of provider and patient utilization of telehealth in California using surveys or interviews. Understand how utilization varies by insurance type. Use these findings to feed into a provider and patient strategy for 2021.

- Leg./Reg. Comms.: Continue regular legislative and regulatory updates. Highlight promising practices in other states.

- Continue legislative briefings.

- Defining value of telehealth
State Coordination and Urgency

Vision for 2020: Generate a sense of enthusiasm and urgency among California health policy leaders around telehealth’s role in meeting the health needs of Californians.

Activities:

- **Reg. Comm.:** Submit comments in coming weeks to DHCS on CalAIM proposal. Identify specific areas in the proposal where telehealth/health IT services or data metrics should be included.

- **Leg. Comm:** Put forward a bill creating a state “connected health” coordinator (plus staff) and an advisory board (lift HI/AK language). Plan within the first 6 months. Ensure coordinator works with all relevant departments (DHCS, DMHC, CDE, OSHPD, OES?). Consider how Governor’s Office of Emergency Services and wildfire response fit in. Include strategic planning in role along the lines of the Surgeon General.

- **Ed. Comm:** Establish connection with Governor’s office and CHHS leaders to promote idea of state coordinator. Understand how telehealth fits into Governor’s priorities (lower TCOC, wildfire response). Present letter lining up telehealth priorities with Governor’s priorities (broadband, emergency response, Health For All Commission)
Vision for 2020: Establish the Coalition as the convenor with state agencies on issues related to telehealth to ensure that laws and regulations are implemented in ways that promote our principles.

Activities:

- Reg. Comm.: Create a Regulatory Committee that monitors regulation implementation. Identify leads for this work.

- Reg. Comm.: Engage state agencies (and associations to get the word out - CAHP, LHPC, CMA, CPCA) for ongoing stakeholder dialogue around telehealth. Develop an overall strategy for this work that could be replicated (i.e., a playbook). Need clarity around the law and what you can bill for (and cannot); what are the differences between Medi-Cal and commercial. Develop FAQs.

- Ed. Comm.: Expand coalition’s reach to include more individuals from the government and consumer space. Leverage existing connections.
Attendees reported learning about various aspects of telehealth policy
- Medi-Cal pays regardless of geography
- The atmosphere of telehealth implementation
- Ways to address barriers for providers/health plans/policy
- The bills passed re: telehealth aside from AB 744
- Summary of telehealth-related bills
- That broadband is essential to increasing access to telehealth
- Efforts by health plans and others to implement
- The videos and patient vignettes were very eye-opening

Attendees are interested in learning more
- Interested in how telehealth can be incorporated into public health applications w/ non-MD medical professionals – e.g., IBCLC, RDs
- Would like to know more about less traditional modalities
- What can state legislature do?
- How do we get administrators and C-suite decision makers on board?
- Should telehealth be reimbursed at same level?
- How do wildfire-like emergencies affect telehealth access?
- Expansion of tele-dentistry w/o additional restrictions on provider
- Any consideration how resident physicians (in training) will/should be trained. Should there be a specialty in telehealth (virtualist)?
- How are we working with student insurance

Attendees shared other topics they’d like future briefings to focus on
- Broadband – internet connect/privacy
- Workforce, reimbursement, opioid use disorder, mental health
- Workforce, IT
- Workforce or reimbursement
- How can we work towards broadband parity?
- Yes, more info on implementation types
- Yes, would like to hear about licensing across states and issues to address this (i.e., patient is visiting another state and needs to see their provider)
- Yes, reimbursement, integration
- Workforce, how to solve the issues that telehealth has

Highlights from Briefing Evaluations