<table>
<thead>
<tr>
<th>Agenda</th>
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</thead>
<tbody>
<tr>
<td><strong>Welcome and Introductions</strong></td>
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</tbody>
</table>
| Presentation: Telehealth Use Among Safety Net Organizations in California during the COVID-19 Pandemic  
  - Lori Uscher-Pines, PhD, MSc and Natasha Arora, MS, RAND Corporation |
| 20 min. |
| Bill Update: AB 457  
  - Janus Norman, California Medical Association |
| 10 min. |
| Education Committee Update |
| 5 min. |
| Legislation Committee Update |
| 10 min. |
| Broadband Committee Update |
| 5 min. |
| Federal Updates |
| 8 min. |
| Wrap-Up and Next Steps |
| 2 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.
Telehealth Use Among Safety Net Organizations in California during the COVID-19 Pandemic

Lori Uscher-Pines, PhD, MSc
Natasha Arora, MS
Key Questions

1. How has use of telehealth evolved over the pandemic, including use of video and audio-only visits?

2. Is the transition to telehealth resulting in disparities in access?

3. What challenges have health centers faced in transitioning to telehealth? What practices and policies have facilitated the transition?
Analyses of Utilization Data

Submitted
aggregated data on
billable outpatient visits
by month (2/19-8/20)

Data Collection Tool
Aligned with HRSA UDS

Interviews and Surveys

Interviews
Oct-Nov 2020 (n=43)
Mar-Apr 2021 (n=23)

Survey
Oct-Nov 2020 (n=39)
41 health centers with 534 physical locations participated

- Distributed throughout CA
- Served 1.7 million patients in 2019
- 20% of CA FQHCs
- Participating FQHCs similar to non-participating FQHCs
Key Questions

1. How has use of telehealth evolved over the pandemic, including use of video and audio-only visits?

2. Is the transition to telehealth resulting in disparities in access?

3. What challenges have health centers faced in transitioning to telehealth? What practices and policies have facilitated the transition?
Telehealth Services In Use Prior to the COVID-19 Pandemic

- None
- Other
- Synchronous Specialty Care (External)
- Synchronous Specialty Care (Internal)
- Synchronous TeleBH (External)
- Synchronous TeleBH (Internal)
- Remote Patient Monitoring
- Asynchronous
- eConsults

Health Centers (N=39)
Effects of the COVID-19 Pandemic

• Most health centers (n=26; 67%) closed one or more locations or reduced clinic hours

• Almost all (n=34; 87%) discontinued services for a period of time due to the pandemic:
  – Some or all dental services (n=27)
  – Acupuncture or chiropractic services (n=13)
  – Optometry (n=10)
  – Group health education (n=10)
Pandemic-Related Staffing Changes

Health Centers (N=39)

- Reduced staff
- Added staff
- Initially reduced staff*
- Initially added staff*
- No change
- Other

*Now back to pre-COVID staffing levels
Video Telehealth Platforms Currently in Use

*Apple Desktop, Care.coach, Google Duo, Google Meet, GoToMeeting, Mahmee, Microsoft Teams, Qsoft, WebEx, and WhatsApp were each endorsed only once.
Number of Video Telehealth Platforms Currently in Use

Health Centers (N=39)
Visits by Modality: Primary Care

Primary care visits by modality
Feb 2019 - Aug 2020

Visits
0 100000 200000 300000 400000
Date

All modalities
In-person
Telephone
Video
Visits by Modality: Behavioral Health

Behavioral health visits by modality
Feb 2019 - Aug 2020

Date
Visits
0  100000  200000  300000  400000  500000

Legend:
- Blue: All modalities
- Red: In-person
- Green: Telephone
- Orange: Video
Key Questions

1. How has use of telehealth evolved over the pandemic, including use of video and audio-only visits?

2. Is the transition to telehealth resulting in disparities in access?

3. What challenges have health centers faced in transitioning to telehealth? What practices and policies have facilitated the transition?
Are patients receiving telehealth representative of the clinic population (served in 2019)?

- Looked at age, payer, race/ethnicity, and preferred language
- Children $<17$ represented 32% of clinic volume in 2019 vs. 15% of audio-only volume in 2020
- Patients with LEP represented 45% of clinic volume in 2019 vs. 37% of video volume in 2020
- No substantial differences by race/ethnicity or payer
Key Questions

1. How has use of telehealth evolved over the pandemic, including use of video and audio-only visits?

2. Is the transition to telehealth resulting in disparities in access?

3. What challenges have health centers faced in transitioning to telehealth? What practices and policies have facilitated the transition?
Challenges to Telehealth Implementation

- **Infrastructure**
  - Availability of hardware and bandwidth for both clinics and patients

- **Telehealth Platforms**
  - Telehealth platforms challenging to access, especially for patients with digital barriers
  - Challenges with EHR integration and the need to use multiple systems
  - Low patient portal enrollment made some platforms difficult to access

- **Pandemic-related challenges**
  - Staffing
    - Rapidly changing needs and priorities in clinics
    - Rapid training of staff and implementation of new workflows

- **Patient challenges**
  - Digital barriers, including hardware/bandwidth access, technology literacy, literacy, and limited English proficiency
  - Patient comfort level with virtual care
Facilitators of Telehealth Implementation

- Buy-in from clinic leaders and staff
  - Urgency of need to transition to telehealth
  - Leadership support
  - Staff collaboration
- Previous experience
  - Leveraging previous experiences with quality improvement and previous experiences with telehealth
- Resources
  - Reimbursement policies
  - Grant funding
### Promising practices to facilitate video use

| Identifying appropriate appointments for video | • Scripting at the time of scheduling, e.g. “The provider would like to do a video visit – do you have video capability?”
| | • Technology screening tools for schedulers and call centers
| | • Developing clear guidelines on appropriate visit modality for schedulers
| | • Combing schedule to flip appropriate phone appointments to video
| Building technology capacity among patients | • Conducting pre-visit calls to ensure patient has technology and knowledge
| | • Conducting “practice” appointments with MAs, health educators, or volunteers
| | • Developing instructional materials and videos
| | • Leveraging support from health educators and student volunteers
| Building care team capacity and workflows | • Block scheduling of telehealth/in-person visits to ease transitions
| | • Splitting visit into multiple components to support provider and patient readiness for visits (e.g., pre-visit call with MA)
| | • Delegating clear technology roles to care team members
| Encouraging provider buy-in | • Messaging from leadership and provider champions
| | • Piloting new technology with small groups of providers and care teams
Some Key Takeaways

High levels of audio-only, little growth of video

Both patient and clinic challenges to delivering video visits

Ongoing concerns about access for LEP populations

Audio-only visits likely undercounted in large datasets

Unclear how FQHCs will respond if/when audio-only visits are no longer reimbursed
QUESTIONS?

RAND
Lori Uscher-Pines
luscherp@rand.org

CCHE
Natasha Arora
natasha.b.arora@kp.org

Maggie Jones
maggie.e.jones@kp.org
Telehealth Bill Update: AB 457

Janus Norman
Senior Vice President
Centers for Government Relations and Political Operations
California Medical Association
Education Committee Updates

- Debriefed on recent telehealth and HIE hearings
- Discussed webinar and fact sheet ideas

Next Steps:
- Develop fact sheets
  - Audio-only telehealth
  - Payment parity
  - Health information exchange
- Schedule webinar on DHCS proposal and trailer bill language
  - Date set for March 30, 12-1
Save the Date! March 30, 12-1pm
Telehealth in Medi-Cal: What’s Next After COVID-19?

Join our panelists for a discussion of the recently released DHCS Telehealth Policy Proposal and where Medi-Cal telehealth policy should go, post-pandemic.

Register for the event here: INSERT LINK
Legislation Committee Updates

• Debrief on recent hearings

• Reviewed Federal and State Legislative Updates including Federal Bill on Medicare Audio-Only Reimbursement

• Drafted letters of support for AB 32, AB 14, and SB 4

Next Steps:

• Gather feedback on letters of support and send out final drafts
<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Coalition Support?</th>
<th>Recent Developments</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 14 (Aguiar-Curry et al.)</td>
<td>✔️</td>
<td>Introduced 12/7</td>
<td>Revises law regarding California Advanced Services Fund (CASF)</td>
</tr>
<tr>
<td>AB 32 (Aguiar Curry et al.)</td>
<td>✔️</td>
<td>Introduced 12/7</td>
<td>Makes permanent certain Covid-19 telehealth flexibilities</td>
</tr>
<tr>
<td>SB 4 (Gonzalez)</td>
<td>✔️</td>
<td>Introduced 12/7</td>
<td>Revises law regarding California Advanced Services Fund (CASF)</td>
</tr>
<tr>
<td>AB 935 (Maienschein)</td>
<td></td>
<td>Introduced 2/17</td>
<td>Requires health plans and insurers to provide access to a telephone mental health consultation program for children and pregnant/post-partum women</td>
</tr>
<tr>
<td>AB 1131 (Wood)</td>
<td></td>
<td>Introduced 2/18</td>
<td>Requires participation in statewide health information exchange network</td>
</tr>
<tr>
<td>AB 1264 (Aguiar-Curry)</td>
<td></td>
<td>Introduced 2/19</td>
<td>Creates CHHS Agency Project ECHO grant program for children’s hospitals</td>
</tr>
<tr>
<td>SB 365 (Caballero)</td>
<td></td>
<td>Introduced 2/10</td>
<td>Requires Medi-Cal e-consult reimbursement</td>
</tr>
<tr>
<td>SB 371 (Caballero)</td>
<td></td>
<td>Introduced 2/10</td>
<td>Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hie, broadband, and telehealth</td>
</tr>
<tr>
<td>Bill No.</td>
<td>Coalition Support?</td>
<td>Recent Developments</td>
<td>Brief Description</td>
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<tr>
<td><strong>AB 410</strong> (Fong)</td>
<td></td>
<td>Introduced 2/3</td>
<td>Nurse Licensure Compact</td>
</tr>
<tr>
<td><strong>AB 457</strong> (Santiago)</td>
<td></td>
<td>Introduced 2/8</td>
<td>Creates Telehealth Patient Bill of Rights</td>
</tr>
<tr>
<td><strong>AB 523</strong> (Nazarian)</td>
<td></td>
<td>Introduced 2/10</td>
<td>Requires DHCS to make all COVID PACE program changes permanent, including telehealth flexibilities</td>
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<tr>
<td><strong>AB 552</strong> (Quirk-Silva)</td>
<td></td>
<td>Introduced 2/10</td>
<td>Integrated School-Based Behavioral Health Partnership Program</td>
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<tr>
<td><strong>AB 1117</strong> (Wicks)</td>
<td></td>
<td>Introduced 2/18</td>
<td>Establishes Healthy Start: Toxic Stress and Trauma Resiliency for Children Program</td>
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<td><strong>AB 1252</strong> (Chau)</td>
<td></td>
<td>Introduced 2/19</td>
<td>Defines privacy protections for personal health record information</td>
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<tr>
<td><strong>AB 1494</strong> (Fong)</td>
<td></td>
<td>Introduced 2/19</td>
<td>Blood banks: collection</td>
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<tr>
<td><strong>SB 378</strong> (Gonzalez)</td>
<td></td>
<td>Introduced 2/10</td>
<td>Broadband: methods of fiber installation</td>
</tr>
<tr>
<td><strong>SB 508</strong> (Stern)</td>
<td></td>
<td>Introduced 2/16</td>
<td>Authorizes a local education agency (LEA) to provide mental health services and includes telehealth as an approved modality</td>
</tr>
</tbody>
</table>
Upcoming Committee Hearings:

- **Senate Health**: March 24, 1pm
  - SB 365, SB 371

- **Assembly Health**: March 23, 1:30pm
  - AB 1252

- **Assembly Health and Budget Subcommittee No. 1**: March 25, upon adjournment of session
  - Medi-Cal Managed Care Accreditation, Rate-Setting, and Dual Eligible Special Needs Plans
    Provisions and County Oversight Components of California Advancing and Innovating Medi-Cal

- **Assembly Health**: April 6, 1:30pm
  - AB 1131
Broadband Committee Updates

- Discussed federal and state policy updates, including from the State Broadband Council
- Reviewed broadband infrastructure definitions and mechanisms

Next Steps:
- Fact sheet to be published early April

Broadband Principles, adopted by the Broadband Committee

**Broadband should be treated as a utility**: policies should treat broadband as a utility necessary for Californians to access health care and other services and needs in the 21st century

- **Robust infrastructure should be in place to serve all Californians**: policies expand the physical infrastructure needed to bring internet access to underserved populations and geographies

- **Californians should have equitable access to broadband**: policies ensure increased access to broadband for underserved communities, both urban and rural

- **Broadband should be affordable**: policies should support making high-quality internet access affordable for all Californians, including the use of subsidies and/or price setting

- **Government should fund broadband projects that rely on best-in-class, high-speed standards**: policies ensure that infrastructure, accessibility and affordability reinforce the need for high-speed, best in class technologies
MedPAC releases report with recommendations for telehealth in Medicare, post-COVID-19 PHE

• Medicare should temporarily pay for specified telehealth services provided to all beneficiaries regardless of their location

• Medicare should temporarily cover selected telehealth services in addition to services covered before the PHE if there is potential for clinical benefit

• Medicare should temporarily cover certain telehealth services when provided by audio-only interaction if there is potential for clinical benefit

• After the PHE ends, Medicare should return to paying the fee schedule' facility rate for telehealth services and collect data on the cost of providing these services

• After the PHE ends, providers should no longer be permitted to reduce or waive cost sharing for telehealth services

• Apply additional scrutiny to outlier clinicians

• Require clinicians to provide a face-to-face visit before they order high-cost durable medical equipment or high-cost clinical lab tests

• Prohibit “incident to” billing for telehealth services provided by any clinician who can bill Medicare directly


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Closing Announcements

Save the Dates

Upcoming Meetings

**Legislation Committee**
April 8 from 1-2pm

**Education Committee**
April 14 from 2-3pm

**Monthly Meeting**
April 16 from 1-2pm

**Broadband Committee**
April 20 from 1-2pm

Please reach to staff if you have any questions

Mei Kwong: meik@cchpca.org

Robby Franceschini: robbysfranceschini@bluepathhealth.com

Amy Durbin: amyd@ccpca.org

Veronica Collins: veronicac@cchpca.org
Appendix
Governor’s proposed budget includes funding for Coalition priorities, including Covid-19 flexibilities and RPM

- **Medi-Cal coverage of continuous Glucose Monitors:** $12M to “add continuous glucose monitors as a covered Medi-Cal benefit for adult individuals with type 1 diabetes, effective January 1, 2022. This proposal increases health equity.”

- **Telehealth flexibilities in Medi-Cal:** $94.8M to “make permanent certain telehealth flexibilities authorized during COVID-19 for Medi-Cal providers and to add remote patient monitoring as a new covered benefit, effective July 1, 2021. This effort will expand access to preventative services and improve health outcomes, thereby health equity.”

DOF Proposed Budget: http://www.ebudget.ca.gov/
Governor’s proposed budget also includes funding for HIE and broadband

- **Utilizing health information exchange**: “The Administration envisions an environment where health plans, hospitals, medical groups, testing laboratories, and nursing facilities—at a minimum, as a condition of participating in state health programs such as Medi-Cal, Covered California and CalPERS—contribute to, access, exchange, and make available data through the network of health information exchanges for every person.”

- **Broadband**: “California will meet these challenges with a coordinated state effort based on key actions over the next five years to provide every Californian a reliable and affordable connection… The [State Action] Plan, adopted in December, lays out three main goals: that all Californians have access to high-performance broadband at home, that all Californians can afford broadband and the devices necessary to access the Internet, and that all Californians can access training and support to enable digital inclusion…”
### Federal Developments

<table>
<thead>
<tr>
<th>Bill</th>
<th>Recent Developments</th>
<th>Brief Description</th>
</tr>
</thead>
</table>
| **Consolidated Appropriations Act, 2021** | Signed into Law (12/27/20) | - Adds permanently rural emergency hospitals to list of originating sites eligible for telehealth reimbursement in Medicare  
- Exempts permanently the diagnosis, evaluation or treatment of mental health disorder from Medicare rural geographic reimbursement, allows for the home as the originating site (provider must have provided an in-person within six months prior to the telehealth visit)  
- Adds on a temporary basis during COVID-19 virtual home visits conducted solely by the use of electronic information and telecommunications technology for the Maternal, Infant and Early Childhood Home Visit Program  
- Allocates $250M to the FCC COVID-19 Telehealth Program  
- Allocates over $6B to broadband programs  
- Authorizes $60M to remain available until expended for grants for telemedicine and distance learning services in rural areas under the Distance Learning, Telemedicine and Broadband Program  
- Requires that group health plans and health insurers not impose cost-sharing requirements on telehealth services furnished by participating health care facilities (in-network) any higher than in-person services |
# Education Committee Work Plan

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>![bullet] Host two webinars</td>
<td>![bullet] Host one webinar</td>
<td>![bullet] Host two webinars</td>
<td>![bullet] Host one webinar</td>
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<tr>
<td>• Jan.: Governor’s budget</td>
<td>• May: TBD</td>
<td>• July: Revised budget, remaining legislation</td>
<td>• Dec.: TBD</td>
</tr>
<tr>
<td>• Mar.: TBD</td>
<td></td>
<td>• Sept.: TBD</td>
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<tr>
<td>![bullet] Develop and publish 2 fact sheets for webinars</td>
<td>![bullet] Develop and publish 2 fact sheets for webinars</td>
<td>![bullet] Develop and publish 2 fact sheets for webinars</td>
<td>![bullet] Host policy briefing (Oct.)</td>
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<tr>
<td>![bullet] Oversee strategic communications work with regular reports from chairs</td>
<td>![bullet] Oversee strategic communications work with regular reports from chairs</td>
<td>![bullet] Oversee strategic communications work with regular reports from chairs</td>
<td>![bullet] Oversee strategic communications work with regular reports from chairs</td>
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<tr>
<td>![bullet] Review and finalize charter for 2021</td>
<td>![bullet] Develop a telehealth data clearinghouse on our website</td>
<td>![bullet] Respond to Medicare Proposed Physician Fee Schedule</td>
<td>![bullet] Host Annual meeting</td>
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<td>![bullet] Chair outreach to administration and legislative staff</td>
<td>![bullet] Create a state telehealth report</td>
<td>![bullet]</td>
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<tr>
<td>![bullet] Develop and launch recruitment strategy</td>
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<tr>
<td>![bullet] Coordinate on policy and initiative tracking</td>
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**Legislation Committee Work Plan**

<table>
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<tr>
<th>Status</th>
<th>Goals</th>
<th>Timeline</th>
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<tbody>
<tr>
<td></td>
<td>Support members in introducing legislation that supports our priorities</td>
<td>02/19</td>
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<tr>
<td></td>
<td>Submit response letter to January budget proposal</td>
<td>02/19</td>
</tr>
<tr>
<td></td>
<td>Monitor state and federal telehealth bills</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Submit support letters for the legislation we support</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Analyze bills related to our priorities and rank our support for each bill</td>
<td>03/15</td>
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<tr>
<td></td>
<td>Reach out to bill authors and provide support and input for revisions</td>
<td>04/15</td>
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<tr>
<td></td>
<td>Submit response letter to the May budget revision</td>
<td>06/01</td>
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<tr>
<td></td>
<td>Discuss proposed Physician Fee Schedule Changes and craft response</td>
<td>July/August</td>
</tr>
<tr>
<td></td>
<td>Host policy briefing</td>
<td>October</td>
</tr>
</tbody>
</table>
Legislative Developments

AB 32 Telehealth (Aguiar-Curry)

- Removes the time-related language for payment and coverage parity for health care service plans and health insurers
- Specifies that plan/insurer delegates must comply with payment and coverage parity
- Removes the Medi-Cal Managed Care exception for parity
- Specifies that counties contracting with DHCS are subject to parity provision
- Requires that DHCS indefinitely continue telehealth flexibilities in place during Covid-19
- Requires DHCS to convene an advisory group by January 2022 to provide input to DHCS on a revised telehealth policy for Medi-Cal
- Requires DHCS to complete an evaluation of access, outcomes, utilization and best practices for the correct mix of in-person and telehealth services by December 2024, with a report due to the Legislature no late than July 1, 2025
Legislative Developments

AB 14 Communications: broadband services: California Advanced Services Fund (Aguiar-Curry et al.) (1/3)

- Authorizes local educational agencies (LEA) to report to CDE student needs for computing devices and internet connectivity; requires CDE and CPUC to compile this information and post it on the CDE website

- Authorizes county boards of supervisors to “acquire, construct, improve, maintain or operate” broadband internet access service; if BOS do so, requires them to take certain actions regarding the accessing of content by end users

- Requires GO-Biz to develop recommendations and a model for streamlined land use approval and construction permitting for broadband infrastructure projects

- Requires CPUC to prioritize projects in “unserved areas” (90% of area has no broadband provider offers at least 25mbps/3mbps service) for CASF infrastructure funding, with a goal of achieving 100 mbps downstream
  - First prioritize areas with only 10mpbs/1mbps
  - Once 98% of a region reaches goal of 100 mbps, CPUC must prioritize only middle-mile infrastructure
  - Requires CPUC to maximize investments in new and scalable infrastructure
  - Authorizes CPUC to leverage CASF funds to be used for federal match
Legislative Developments

AB 14 Communications: broadband services: California Advanced Services Fund (Aguiar-Curry et al.) (2/3)

- Deletes CPUC authorization to collect up to $330M in surcharges
  - Authorizes CPUC to collect the surcharge in amount not exceed an unspecified percentage of an end user’s service costs within CA
  - Authorizes Rural and Urban Regional Broadband Consortia Grant Account for additional uses including to promote the adoption of free, low-cost, income-qualified or affordable home internet service offers
- Requires the CASF program to promote learning and telehealth
- Removes requirement for certain money transfers from the Broadband Public Housing Account not awarded by 12/31/20 back to the Broadband Infrastructure Grant Account; makes these moneys available for grants and loans for network deployment in eligible publicly support communities
- Repeals certain provisions affecting facility-based broadband providers (including certain requirements that these providers demonstrate that they can deploy broadband to existing facilities within 180 days
- Authorizes CPUC to issue bonds in amount up to $1B, establishes an account within the CASF for deposit
• Requires CPUC to annually conduct a financial audit and performance audit of CASF for the legislature, beginning on or before 4/1/2023

• Requires CPUC to provide status report on broadband service in unserved areas and CASF balance, annually into perpetuity

• Authorizes CPUC to require ISPs to report specified information regarding each “free, low-cost, income-qualified or affordable” plan advertised by the provider

• Repeals current methodology for VoIP surcharges

• Clarifies that AB 14 is an urgency bill
Key differences from AB 14:

- **Does not** include further considerations for prioritizing projects in unserved areas that are included in AB 14:
  - Projects that connect households in an area where internet connectivity is available only through dial-up service, that is not served by any form of wireline or wireless facility-based broadband service, and that is a high-poverty area.
  - Projects that connect households in an area where internet connectivity is available only through dial-up service that are and that is not served by any form of wireline or wireless facility-based broadband service or areas with no internet connectivity.
  - Projects that connect households in an unserved area that is a high-poverty area.
  - Projects that connect households in an unserved area.

- Only requires GO-Biz to coordinate with other state, local and national orgs. to explore ways to facilitate land use approvals; not report required

- Includes a surcharge rate: not to exceed $0.23 per month per access line

- Does not explicitly require CPUC to promote telehealth
Legislative Developments

Key differences from AB 14:

- Does not authorize CPUC to require ISPs to report specified information regarding each “free, low-cost, income-qualified or affordable” plan advertised by the provider

- Does not repeal current methodology for VoIP surcharges
# AB 14/SB 4 Analysis

<table>
<thead>
<tr>
<th>Principle</th>
<th>Determination</th>
<th>Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadband should be treated as a utility.</td>
<td>✔️</td>
<td>Keeps statutory language allowing CPUC to regulate telecommunications</td>
</tr>
<tr>
<td>Robust infrastructure should be in place to serve all Californians.</td>
<td>✔️</td>
<td>Includes language requiring CPUC to prioritize CASF infrastructure projects to unserved areas (speeds below 25mbps/3mbps)</td>
</tr>
<tr>
<td>Californians should have equitable access to broadband.</td>
<td>✔️</td>
<td>Includes language requiring CPUC to prioritize CASF infrastructure projects to unserved areas (speeds below 25mbps/3mbps); requires certain sub-priorities including focus on high-poverty areas</td>
</tr>
<tr>
<td>Broadband should be affordable.</td>
<td>✔️</td>
<td>Authorizes the use of funds in the Rural and Urban Regional Broadband Consortia Grant Account to provide free, low-cost, income-qualified or affordable home internet service offers</td>
</tr>
<tr>
<td>Government should fund broadband projects that rely on best-in-class, high-speed standards.</td>
<td>✔️</td>
<td>Includes stated goal of 100mbps downstream which would support fiber optic for first-mile projects</td>
</tr>
</tbody>
</table>

## Recommendations and Next Steps for the Legislation Committee

- Recommended for support by the Broadband Committee (12/15)
- Determination for support by Legislation Committee at January meeting