

Monthly Meeting

February 19, 2021



California
Telehealth
Policy
Coalition

Agenda

Welcome and Introductions	5 min.
Announcement: Telehealth Equity Coalition Launch	5 min.
DHCS Proposal Summary	10 min.
Education Committee Update	5 min.
Legislation Committee Update	5 min.
Broadband Committee Update	5 min.
Guest Speaker: Srinath Adusumalli, MD Assistant Professor of Clinical Medicine, Division of Cardiovascular Medicine, Penn Medicine	25 min.
Wrap-Up	

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.

Announcement: New Telehealth Equity Coalition



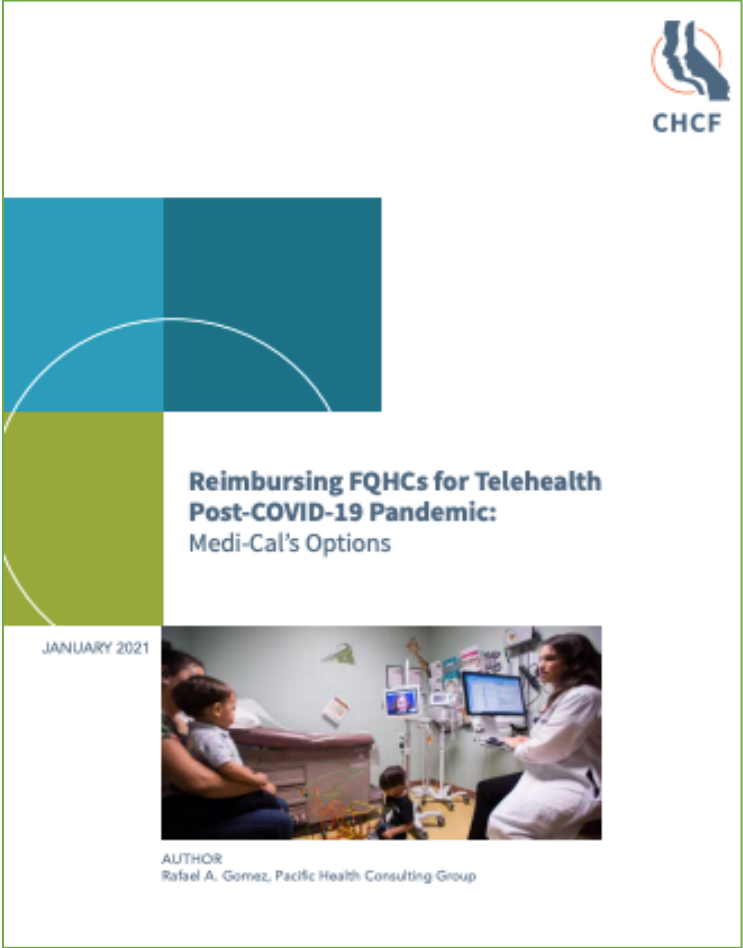
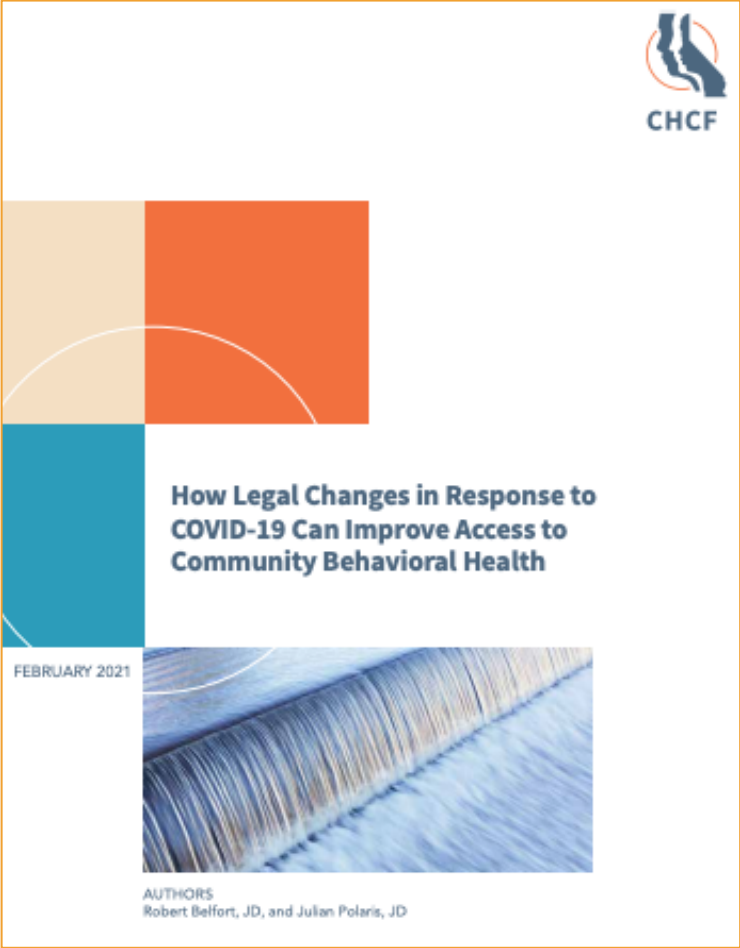
April Mims, JD
Vice President of Public Policy
hims & hers

What will the Telehealth Equity Coalition do?

Together with nonprofit, academic, and industry partners, the Telehealth Equity Coalition will offer a unique voice to optimize equitable telehealth delivery and utilization.

Find more information at:
<https://www.telehealthequitycoalition.org/>

Announcement: New CHCF Reports on Telehealth



Reports available [here](#) and [here](#).

DHCS Telehealth Recommendations

Section Title	Description
Background	Background information on recent telehealth policy
A Pathway Forward	A summary of the document and guiding principles
Post COVID-19 PHE Telehealth Policy Recommendations	Overview of the telehealth coverage DHCS wants to keep or expand Post-COVID
COVID-19 PHE Flexibilities Not Recommended for Continuation	Overview of the telehealth coverage DHCS wants to revoke Post-COVID
Pre- and Post-COVID-19 PHE Telehealth Framework	Matrix comparing telehealth coverage during COVID-19 to DHCS proposed changes for Post-COVID-19 telehealth coverage as well as the rationale for these recommendations. The chart is organized by modality: <ul style="list-style-type: none">• Synchronous telehealth• Asynchronous telehealth• Telephonic• Virtual communications• Remote patient monitoring
Next Steps and Associated Action Items	A description of tools, procedures that DHCS plans to use in order to implement these proposed changes.

Summary of DHCS Policy Proposal: Post-COVID -19

See appendix for more details

- Allow specified FQHC and RHC providers to establish a new patient, located within its federal designated service area, through synchronous telehealth.
- Remove the ability of FQHCs and RHCs to bill for audio-only telehealth and asynchronous telehealth
- Make permanent the removal of the site limitations on FQHCs and RHCs
- Expand synchronous and asynchronous telehealth services to 1915(c) waivers, the TCM Program and the LEA-BOP
- Add synchronous telehealth and telephonic/audio-only services to State Plan Drug Medi-Cal.
- Require payment parity between in-person face-to-face visits and synchronous telehealth modalities, when those services meet all of the associated requirements of the underlying billing code(s), including for FQHC/RHCs, FFS and Managed Care
- Expand the use of clinically appropriate telephonic/audio-only, other virtual communication, and remote patient monitoring for established patients. These modalities would be subject to a separate fee schedule and not be billable by FQHC/RHCs.
- Provides that the TCM Program and the LEA BOP will follow traditional certified public expenditure (CPE) cost-based reimbursement methodology when rendering services via applicable telehealth modalities.

The entire proposal can be accessed at: <https://www.dhcs.ca.gov/services/medi-cal/Documents/DHCS-Telehealth-Policy-Proposal-2-1-21.pdf>

Trailer Bill language

Advancing Trailer Bill Language: DHCS proposes TBL for 2021-22:

- Add virtual communication, telephonic/audio-only and RPM as allowable modalities under Medi-Cal.
- Allow State Plan DMC providers to deliver all allowable substance use disorder (SUD) services via synchronous telehealth and telephonic modalities.
- All reimbursable services provided through various telehealth modalities shall comply with privacy and security requirements.
- Expand the definition of an FQHC and RHC visit to include synchronous interaction. o Allow FQHC and RHC providers to establish new patients through synchronous telehealth.
- Reimbursement changes: in-person and synchronous telehealth payment parity in FFS and managed care (unless alternate agreements are in place with network providers).
- Allow the use of telehealth to meet network adequacy standards in Medi-Cal managed care health plans, County Mental Health Plans, Dental Managed Care plans and DMC-ODS.
- Revise Alternate Access Standards submission and review process and to postpone the network adequacy sunset provision until 2026.

Education Committee Updates

- Provided overview of and discussed DHCS recommendations
- Discussed webinar and fact sheet ideas

Next Steps:

- Develop fact sheet on audio-only telehealth
- Schedule webinar on DHCS proposal and trailer bill language



Legislation Committee Updates

- Provided overview of and discussed DHCS recommendations
- 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



California Legislation Developments

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 14 (Aguiar-Curry et al.)	✓	Introduced 12/7	Revises law regarding California Advanced Services Fund (CASF)
AB 32 (Aguiar Curry)	✓	Introduced 12/7	Makes permanent certain Covid-19 telehealth flexibilities
AB 457 (Santiago)		Introduced 2/8	Patient Telehealth Bill of Rights
AB 552 (Quirk-Silva)		Introduced 2/10	Establishes Integrated School-Based Behavioral Health Partnership Program, authorizes services via telehealth
AB 935 (Maienschein)		Introduced 2/16	Requires health plan telehealth consultation program
SB 4 (Gonzalez)	✓	Introduced 12/7	Revises law regarding California Advanced Services Fund (CASF)
SB 365 (Caballero)		Introduced 2/10	Requires Medi-Cal e-consult reimbursement
SB 371 (Caballero)		Introduced 2/10	Creates a Deputy Secretary for Health Information Technology to coordinate health information technology efforts regarding hie, broadband, and telehealth
SB 378 (Gonzalez)		Introduced 2/10	Broadband: methods of fiber installation
SB 508 (Stern)		Introduced 2/16	Authorizes a local educational agency (LEA) to provide mental health services and includes telehealth as an approved modality

Upcoming Hearings:

- **Senate Budget & Fiscal Review Subcommittee No. 3: Health and Human Services:** February 19 at 9am
 - Item 4260: Department of Health Care Services
 - Medi-Cal
 - Behavioral Health
 - Family Health
- **Assembly Health Informational Hearing on Telehealth:** RESCHEDULED to February 23 at 2:30pm
 - Speakers include Mei Kwong, CCHP and Dr. Yohualli Balderas-Anaya, UCLA Health
 - *More information will be sent out via email*
- **Assembly Health Health Information Exchange Informational Hearing:** March 2 at 1:30pm
 - *Public comment is anticipated at 3:30pm*
- Meeting information available on the Assembly Health website: <https://ahea.assembly.ca.gov/hearings>

Broadband Committee Updates

- Discussed Federal and State Policy Updates
- Reviewed Draft Broadband Fact Sheet

Next Steps:

- Submit fact sheet comments by 2/22
- Draft internal memo on broadband infrastructure

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

Guest Speaker



Srinath Adusumalli, MD, MSc, FACC
Assistant Professor of Clinical Medicine, Division of
Cardiovascular Medicine, Penn Medicine
Clinical Innovation Manager, Penn Medicine Center for
Healthcare Innovation

Closing Announcements

Save the Dates

Upcoming Meetings

Education Committee

March 10 from 2-3pm

Legislation Committee

March 11 from 1-2pm

Broadband Committee

March 16 from 1-2pm

Monthly Meeting

March 19 from 1-2pm

Please reach to staff if you have any questions

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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/>

DHCS Proposed Budget: https://www.dhcs.ca.gov/Documents/Budget_Highlights/DHCS-FY-2021-22-Governors-Budget-Highlights.pdf

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

Bill	Recent Developments	Brief Description
Consolidated Appropriations Act, 2021	Signed into Law (12/27/20)	<ul style="list-style-type: none">• 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

Q1		Q2		Q3		Q4	
<input type="checkbox"/>	Host two webinars <ul style="list-style-type: none"> Jan.: Governor's budget Mar.: TBD 	<input type="checkbox"/>	Host one webinar <ul style="list-style-type: none"> May: TBD 	<input type="checkbox"/>	Host two webinars <ul style="list-style-type: none"> July: Revised budget, remaining legislation Sept.: TBD 	<input type="checkbox"/>	Host one webinar <ul style="list-style-type: none"> Dec.: TBD
<input type="checkbox"/>	Develop and publish 2 fact sheets for webinars	<input type="checkbox"/>	Develop and publish 2 fact sheets for webinars	<input type="checkbox"/>	Develop and publish 2 fact sheets for webinars	<input type="checkbox"/>	Host policy briefing (Oct.)
<input type="checkbox"/>	Oversee strategic communications work with regular reports from chairs	<input type="checkbox"/>	Oversee strategic communications work with regular reports from chairs	<input type="checkbox"/>	Oversee strategic communications work with regular reports from chairs	<input type="checkbox"/>	Oversee strategic communications work with regular reports from chairs
<input type="checkbox"/>	Review and finalize charter for 2021	<input type="checkbox"/>	Develop a telehealth data clearinghouse on our website	<input type="checkbox"/>	Respond to Medicare Proposed Physician Fee Schedule	<input type="checkbox"/>	Host Annual meeting
<input type="checkbox"/>	Chair outreach to administration and legislative staff	<input type="checkbox"/>	Create a state telehealth report				
<input type="checkbox"/>	Develop and launch recruitment strategy						
<input type="checkbox"/>	Coordinate on policy and initiative tracking						

Legislation Committee Work Plan

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

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 later 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

Legislative Developments

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

- 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

Legislative Developments

SB 4 Communications: California Advanced Services Fund (Gonzalez) (1/2)

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 areas 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. service.
 - 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

SB 4 Communications: California Advanced Services Fund (Gonzalez) (2/2)

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

Principle	Determination	Reasoning
Broadband should be treated as a utility.	✓	Keeps statutory language allowing CPUC to regulate telecommunications
Robust infrastructure should be in place to serve all Californians.	✓	Includes language requiring CPUC to prioritize CASF infrastructure projects to unserved areas (speeds below 25mbps/3mbps)
Californians should have equitable access to broadband.	✓	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
Broadband should be affordable.	✓	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
Government should fund broadband projects that rely on best-in-class, high-speed standards.	✓	Includes stated goal of 100mbps downstream which would support fiber optic for first-mile projects
Recommendations and Next Steps for the Legislation Committee	<ul style="list-style-type: none"> • Recommended for support by the Broadband Committee (12/15) • Determination for support by Legislation Committee at January meeting 	