



To: The Honorable Gavin Newsom, Governor, State of California
Cc: Dr. Alice Chen, Deputy Secretary for Policy, California Health and Human Services Agency
Richard Figueroa, Deputy Cabinet Secretary
Dr. Mark Ghaly, Secretary, California Health and Human Services Agency
Dr. Brad Gilbert, Director, Department of Health Care Services
Tam Ma, Deputy Legislative Secretary, Office of the Secretary
Dan Southard, Deputy Director of the Office of Plan Monitoring, Department of Managed Health Care
Mike Wilkening, Special Advisor on Innovation and Digital Services, Office of the Governor
From: California Telehealth Policy Coalition
Date: April 30, 2020
Re: **Additional Recommendations To Quickly Promote the Use of Telehealth In California During the COVID-19 Pandemic**

The [California Telehealth Policy Coalition](#) thanks the steps Governor Newsom and state agencies have already taken during the COVID-19 state of emergency to facilitate the use of telehealth. This includes guidance documents concerning the expansion of telehealth coverage and payment parity from the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC) and the Department of Insurance (DOI). Additionally, we appreciate the Governor's executive actions that have promoted the use of telehealth by relaxing the enforcement of state health privacy and security laws to ensure alignment with federal policy at this time.

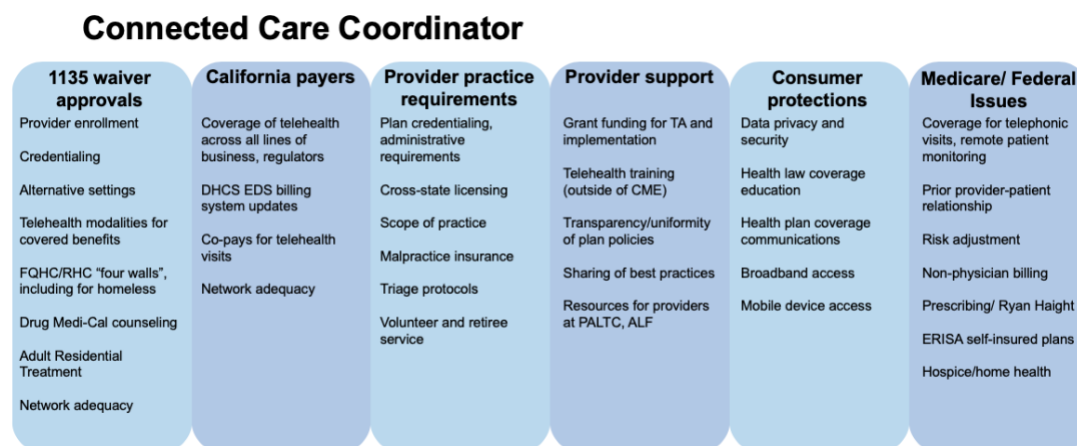
As a group of over 70 organizations dedicated to advancing telehealth policy in California, we respectfully ask that the Governor and state agencies take the following actions to continue to advance the spread of safe, secure and clinically appropriate telehealth in California.

1. Create a “connected care coordinator” position within the California Health and Human Services Agency.

We recommend that the California Health and Human Services Agency (CHHS) create a permanent position to coordinate efforts around telehealth and data sharing. With the rapid policy changes occurring in telehealth coverage, interoperability rules and privacy law enforcement, it has been difficult for providers to keep track of reimbursement policies across payers, especially when providers are dealing with diverse populations who have a payer mix. There is a need for consistency across all payers regulated by the state on coverage and reimbursement, and our Coalition members identified this need at our 2019 annual meeting coming out of the wildfire season. This individual can help coordinate efforts among state agencies around the need for standardization of telehealth coverage, how to capture telehealth in quality metrics, how to troubleshoot billing questions,

maintain a live site for health consumer communications, and troubleshoot questions around data sharing and privacy considerations.

For example, the connected care coordinator’s competencies can be defined by subject areas affecting telehealth and serve as a source of reliable information for payers, providers, and consumers. The figure below outlines these subject areas and their related issues.



2. Provide implementation and technical assistance funding for health care providers and local education agencies.

We ask that the Governor appropriate \$5 million in funds from emergency funding bill SB 89 to support implementation and technical assistance for telehealth. In particular, community health centers, local education agencies, medical groups, and independent medical practitioners have some of the highest need for this funding right now. While these organizations and facilities face the growing pressure of falling revenue and/or government sources of funding to provide essential health care services and education, they are swiftly looking to remotely provide ongoing health care services and supports to their patients and students. Many of these organizations have never previously used telehealth and do not have the internal financial and human resources to implement user-friendly, safe and secure telehealth solutions during COVID-19. Implementation and technical assistance funding would help fill this immediate need.

3. Support funding for broadband and mobile device access to bridge the digital divide.

We also ask that the Governor dedicate \$100 million from emergency funding bill SB 89 to support access to broadband internet access for Californians who currently lack access to high-speed internet. 2017 data from the Public Policy Institute of California reveals that only 74% of

Californians have access to broadband at home.¹ This digital divide persists across demographics, including for communities of color, lower-income Californians, and those without a college degree. Internet access is critical for all Californians during shelter in place and for the foreseeable future as our state continues to promote social distancing measures, for health care and for other critical services like remote learning. Health care providers and patients will need internet access to utilize the telehealth services that will keep them out safely out of medical offices where clinically appropriate.

To complement broadband funding, we ask that the Governor appropriate \$2 million from SB 89 funding to bridge the digital divide and assist low-income Californians in obtaining smart phones and tablets and subsidize their related monthly phone bills. Many providers and patient have had to resort to using telephone visits for remote telehealth visits instead of live video telehealth. Access to a smartphone addresses not just the issue of access to live video, but also ability to access the patient data portal, schedule appointments and send images via store-and-forward technology to providers. This initiative could be launched in tandem with efforts to increase access to remote learning

4. Fund the Department of Health Care Service and California Department of Education’s creation of a school telehealth stakeholder group under AB 2315 (2018).

We request that the Governor dedicate \$300,000 of SB 89 emergency funding toward implementation of AB 2315 (2018) to provide schools guidelines on how to use telehealth services for mental and behavioral health. In tandem, the Governor should request the California Department of Education (CDE) and the Department of Health Care Services (DHCS) fully implement AB 2315 (2018, Quirk-Silva), by jointly developing and issuing detailed guidance to school districts, school health providers, and families on how they can use telehealth to deliver mental and behavioral health services to students. Local education agencies are quickly working to find telehealth solutions that are HIPAA and FERPA compliant and understand how they can facilitate billing using these platforms. Although Governor Brown signed AB 2315 into law in 2018, DHCS and CDE have still not formed the requested stakeholder group or published the required guidance on how schools can use telehealth. We believe funding the state agencies to resource this project and work expeditiously to publish a guidance is sorely needed at this time.

5. Create meaningful consumer information on telehealth access in California.

The administration should work with the California Health and Human Services Agency (CHHS) to maintain a public website with up-to-date information to consumers on what telehealth is and how telehealth can access telehealth through their providers and health plans. Consumers need a comprehensive and accurate resource to reference during COVID-19, and CHHS can play a

¹ Public Policy Institute of California, Just the Facts: California’s Digital Divide (March 2019), <https://www.ppic.org/publication/californias-digital-divide/>.

role in facilitating the spread of accurate information to Californians. This resource could include information on what telehealth is, health plan and insurance coverage, how consumers can find out if their provider has telehealth, and how telehealth can help them during COVID-19.

6. Loosen DHCS Medi-Cal Managed Care Plan Texting Filing Requirements.

We request that the Governor works with DHCS to pause or otherwise expedite the approval of Managed Care Plan texting programs with their members. In 2019, DHCS implemented a filing and approval requirement for texting programs with plan members. However, several plans have reported that approval of texting programs can take upwards of four months to get approved, a time period far too long during the pandemic to be able to stand up a texting program. The current pandemic requires that plans are able to maintain communications with members and send them much-needed information about COVID-19, telehealth benefits, and other crucial information.

7. Allow for out of state providers to practice in California via telehealth during the emergency.

Governor Newsom should sign an executive order allowing health care providers licensed in another state during the current emergency to provide services within their scope of practice via telehealth to Californians while located in another state. The Governor should consider the Emergency Management Assistance Compact (EMAC) model executive order in doing so.² Signing this executive order would augment California's existing health care workforce with out of state providers to ensure that Californians continue to receive the care they need via telehealth, even during hospitalization surges.

8. Request the Department of Health Care Services and the Department of Managed Health Care create a stakeholder group on network adequacy.

We request that the Governor encourage DHCS and DMHC to create stakeholder groups focused on network adequacy. Specifically, these stakeholder groups should be focused on how these agencies will revise their network adequacy enforcement during COVID-19 and how network adequacy methodology should be improved to account for our emerging health care delivery system in which telehealth is playing a much larger role. Existing network adequacy standards focus on timely access, time and distance standards and other aspects of care such as language access. Neither department has a formal policy for approving networks relying largely on telehealth for access to care. The COVID-19 pandemic presents an opportune time to revisit network adequacy and determine what factors could be incorporated into approving networks using telehealth. Considerations can include virtual wait times for members, decreased specialty wait times for in-person care, and data sharing capabilities among network providers. Both

² National Emergency Management Association, Template Executive Order (April 2, 2020), <https://www.emacweb.org/index.php/resources/best-practices/using-emac-for-telehealth>.



departments and stakeholders can ensure consumer protections, care coordination, and payer flexibility while accommodating for the new telehealth-dominated world we are now entering.

We thank you for considering our recommendations. Please send any questions or concerns to Robby Franceschini at robby.franceschini@bluepathhealth.com.

Sincerely,

The California Telehealth Policy Coalition