2024 California Telehealth Policy Coalition Legislative Briefing

# Telehealth Developments and Opportunities

October 10, 2024



# **Welcome and Introduction**

Mei Wa Kwong, JD Executive Director Center for Connected Health Policy



Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

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#### California Health Care Foundation

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## **About the California Telehealth Policy Coalition**

### Our origin story

In 2011, when <u>AB 415, the Telehealth Advancement Act</u> was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. This group, including the <u>California Primary Care Association</u>, the <u>California Hospital Association</u> and the <u>California Rural Health Association</u>, came together in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually evolved into the California Telehealth Policy Coalition. CCHP leads the Coalition and hosts monthly conference calls.

In recent years, the Coalition has decided to move beyond a mere information sharing group to become a more active collective participant in telehealth policy. The Coalition has developed a slate of telehealth policy goals and issues that it is working on in a continued effort to modernize California telehealth policy.

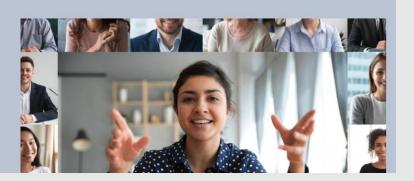
SEE ALL COALITION MEMBERS >



Next meeting | Friday, October 21, 2022

# Monthly Coalition Meeting

We host monthly conference calls to discuss the latest California telehealth policy developments. Want to join us?



Please visit our website for more information or if you are interested in joining. https://www.cchpca.org/california-telehealth-policy-coalition/

## **Objectives of Today's Webinar**



- Provide an overview of recent state legislative developments regarding asynchronous telehealth policies, licensure, broadband and artificial intelligence (AI).
- Discuss how telehealth policy supports specific health needs, remaining policy gaps, and how policy can be improved to further support certain populations and services.
- Highlight policy opportunities and stakeholder perspectives regarding improving access moving forward, and the telehealth policy outlook for 2025.

## Agenda

#### Welcome

 Mei Wa Kwong, Executive Director, Center for Connected Health Policy

#### 2024 Legislative Overview

- Amy Durbin, Policy Advisor, Center for Connected Health Policy
   Panel Discussion
- Moderated by Mike Kurliand, MedWand

### Remaining Policy Gaps: Asynchronous Telehealth in Medi-Cal

- Speakers
  - Kelby Lind, Planned Parenthood Affiliates of California
  - Paul Glassman, DDS, California Northstate University

### Future Policy Opportunities: Licensure, AI, and Broadband

- Speakers
  - Natalie Pita, Office of Assemblymember Mia Bonta (D-18)
  - Shirley Lam, Insure the Uninsured Project

#### Q&A



Attendees will remain muted during the webinar.



Please submit any questions you have during the webinar in the Q&A box, not the chat box.

# 2024 Legislative and Policy Review

Amy Durbin, Center for Connected Health Policy



Medi-Cal Telehealth	<ul> <li>AB 1943 (Weber)*: Would have required a public report on telehealth access, utilization, and outcomes in the Medi-Cal program</li> <li>Status: Held in Senate Appropriations Committee</li> <li>AB 2339 (Aguiar-Curry)*: Would have expanded definitions to allow the use of asynchronous telehealth to establish a new patient relationship, when related to sensitive services</li> <li>Status: Vetoed by Governor with message stating: "there are details of a patient's medical history and personal health information that are best gathered during a synchronous appointmentI believe that there are consumer protections provided through a live interaction between a patient and provider."</li> </ul>
Licensure	<ul> <li>AB 2051 (Bonta): Would have entered CA into the Psychology Interjurisdictional Compact</li> <li>Status: Not heard in Senate</li> <li>AB 2566 (Wilson): Would have entered CA into the Interstate Counseling Compact</li> <li>Status: Not heard in Senate</li> <li>AB 3232 (Dahle): Would have entered CA into the Nurse Licensure Compact</li> <li>Status: Never heard in Committee</li> </ul>

\*Coalition supported

Broadband Access and Digital Equity	<ul> <li>AB 1588 (Wilson)*: Would have created an expedited process for broadband service providers to participate in lifeline programs that provide affordable telephone and internet services</li> <li>Status: Held in Senate Appropriations Committee</li> <li>SB 1179 (Durazo)*: Affordable Internet and Net Equality Act of 2024, required the Dept. of Technology to develop and establish the Net Equality Program, requiring the state to only contract with ISPs offering affordable home internet service</li> <li>Status: Never heard in Committee</li> <li>AB 2239 (Bonta): Would define and prohibit "digital discrimination of access" as unjustified policies limiting broadband access based on race, ethnicity, or national origin</li> <li>Status: Held in Senate Appropriations Committee</li> </ul>
Artificial Intelligence	<ul> <li>AB 3030 (Calderon): Requires health facilities, clinics and physician offices to disclose the use of generative AI in certain patient communications, tailored to the modality in which the AI communication occurs</li> <li>Status: Signed by Governor</li> <li>SB 1120 (Becker): Requires health plans using AI in utilization review to comply with specific requirements including that the tool bases its determination on specified information and is fairly and equitably applied, as specified</li> <li>Status: Signed by Governor</li> </ul>

\*Coalition supported previous version of AB 1588 consistent with SB 1179

**AB 2726 (Flora):** Would create a demonstration project for a grant program that supports development of telehealth and virtual specialty care networks

• Status: Held in Assembly Appropriations Committee

Additional Telehealth Bills

AB 2510 (Arambula): Would require Dpt. Of Social Services to enter a contract with a dental school by 2026 to establish a statewide tele-dentistry program for developmental disabilities
Status: Held in Assembly Appropriations Committee

**AB 2142 (Haney):** Would require the creation of a 3-year pilot program for mental health therapy, including virtual therapy and tele-psychiatry, at multiple institutions

• Status: Held in Assembly Appropriations Committee

**AB 2246 (Calderon):** Expand the definition of health care provider within telehealth statute to also include a qualified autism service paraprofessional

Status: Held in Senate Appropriations Committee

**AB 2275 (Gipson):** Authorize EMS Authority to create telehealth/data collection guidelines for EMS systems

• Status: Held in Assembly Appropriations Committee

**AB 2058 (Weber):** Beginning January 1, 2027, devices that collect physiological data and lack specific federal regulations must disclose known effectiveness limitations based on user characteristics, such as age, ethnicity, or disability

 Status: <u>Vetoed by Governor</u> – Message stated confusion around which subset of devices captured under bill

**AB 2200 (Kalra):** Established a single-payer healthcare system and mandated provider data collection on health technology and AI spending

• Status: Held in Assembly Appropriations Committee

Additional Telehealth and AI Bills

## **Medi-Cal\* Telehealth Provider Policy Updates**

Consistent with <u>SB 184 (2022)</u> and <u>AB 1241 (2023)</u>, and post-<u>Telehealth Advisory Workgroup</u> outreach in late 2023/early 2024, <u>DHCS</u> published updates to the <u>Medi-Cal Telehealth Provider Manual</u> in March of this year, **implementing two new telehealth provider requirements within the Medi-Cal program**:

#### **Patient Choice of Modality**

Medi-Cal providers must offer members the choice between live-video or audio-only telehealth services and allow members to choose, change or decline modalities as preferred/necessary

Medi-Cal providers without broadband access are exempt from offering live video but must document this exception for DHCS upon request

### **Right to In-Person Services**

Medi-Cal providers offering telehealth must provide in-person services or have a documented process to link members to in-person care withing reasonable time if in-person services are unavailable

If linking Medi-Cal recipients to in-person care, providers must facilitate referrals without requiring recipients to contact other providers, though they are not obligated to schedule appointments for them

\*Similar requirements do not exist in private payer laws.

## **Background: Asynchronous Telehealth in Medi-Cal**

#### **Medi-Cal\* Generally Limits Patient Establishment to Live Video Telehealth Only:**

A health care provider shall **not establish a new patient relationship** with a Medi-Cal beneficiary **via asynchronous** store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities

Current Exceptions Include:			
Audio-Only – if one or more of the following applies:	Asynchronous – if FQHC/RHC or tele-dentistry providers and:		
<ul> <li>✓ The visit is related to sensitive services as defined in subsection (n) or Section 56.06 of the Civil Code, which includes behavioral and reproductive health</li> <li>✓ The patient requests an audio-only modality</li> <li>✓ The patient attests they do not have access to video</li> </ul>	<ul> <li>✓ The patient is physically present on site at the time the service is performed</li> <li>✓ The individual who creates the patient records at the originating site is an employee or contractor</li> <li>✓ The billing provider is able to meet the applicable standard of care.</li> <li>✓ The patient is otherwise eligible to receive in-person services</li> </ul>		

#### \*Similar restrictions do not exist in private payer laws.

SOURCES: Welfare and Institutions Code 14132.725; DHCS Telehealth Manual; Welfare and Institutions Code 14132.100; DHCS RHC/FQHC Manual; CA DHCS Medi-Cal Dental Provider Handbook; Health & Safety Code Sec. 1374.13 & Insurance Code Sec. 10123.85.

## PANEL DISCUSSION Remaining Policy Gaps: Asynchronous Telehealth in Medi-Cal

### **Mike Kurliand**

Vice President of Clinical Quality and Integration MedWand

### Kelby Lind

Vice President of Regulatory Affairs Planned Parenthood Affiliates of California

### Paul Glassman, DDS

Professor and Associate Dean for Research and Community Engagement California Northstate University

## PANEL DISCUSSION Future Policy Opportunities: Licensure, AI, and Broadband

### **Mike Kurliand**

Vice President of Clinical Quality and Integration MedWand

### **Natalie Pita**

Legislative Assistant Office of Assemblymember Mia Bonta (D-18)

### Shirley Lam

Assistant Director of Policy Insure the Uninsured Project

## AB 205 I (BONTA, 2024) PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT®)

NATALIE PITA, MPH LEGISLATIVE ASSISTANT OFFICE OF ASSEMBLYMEMBER MIA BONTA

## OCCUPATIONAL LICENSURE COMPACTS

**15** Professions with Available Occupational Licensure Compacts 250+ Pieces of Compact Legislation Passed Since 2016

States and Territories Participating in at Least One Occupational Licensure Compact

- Interstate compacts establish agreed upon, uniform standards, making it easier for professionals to practice across multiple states.
- The Department of Defense (DoD) has partnered with the Council of State Governments (CSG) through a cooperative agreement to fund and support the development of new interstate compacts for occupational licensure.

Although occupational licensure compacts have been primarily used by health care professions, any profession may consider the development of an interstate compact for occupation licensing portability. As of March 2023, 15 licensure compacts are available and two others are in development.



View our <u>Resources</u> and <u>Licensure Compact Map</u> for more details on state participation in each compact.

#### **Available Licensure Compacts**

- Advance Practice Registered Nurse Compact
- Audiology and Speech-Language Pathology Interstate Compact\*
- Cosmetology Compact\*
- Counseling Interstate Licensure Compact\*
- Dentist and Dental Hygienist Compact\*
- Emergency Medical Services Compact
- Interstate Medical Licensure Compact
- Interstate Teacher Mobility Compact\*
- Massage Therapy Compact\*
- Nurse Licensure Compact
- Occupational Therapy Compact\*
- Physical Therapy Compact
- Physician Assistant Licensure Compact (PA Compact)\*
- Psychology Interjurisdictional Compact\*
- Social Work Compact\*

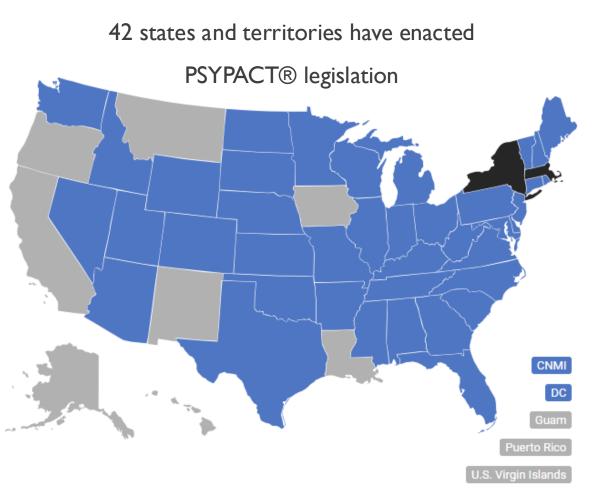
#### Licensure Compacts in Development

- Dietitians Compact\*
- School Psychologists Compact \*

\*Compacts the CSG National Center for Interstate Compacts is currently providing development or administrative services.

### **PSYPACT®**

- PSYPACT® is an interstate compact designed to facilitate the practice of telepsychology and temporary in-person psychology across state boundaries.
- PSYPACT® was created, and approved by the Association of State and Provincial Psychology Boards (ASSPB) in 2014.
- In 2016, Arizona became the first state to adopt PSYPACT®, and the compact became fully operational in 2019, once seven states had joined.
- The PSYPACT® Commission is the governing body of PSYPACT®.
  - One representative from each compact state
  - Create the PSYPACT® Bylaws and Rules and Regulations
  - Grant psychologists the Authority to Practice Interjurisdictional Telepsychology (APIT<sup>™</sup>) in other PSYPACT<sup>®</sup> states.
  - To receive an APIT<sup>™</sup>, psychologists must first obtain an E.Passport Certificate from ASPPB.



### CHALLENGES AND NEXT STEPS

### **CHALLENGES**

- Labor concerns
  - Contracting out, increased competition, and APA accreditation standard
- Board Concerns
  - Regulatory authority, scope of practice, California Psychology Law and Ethics Examination (CPLEE), professional development requirements, patient protection, and APA accreditation standard

#### NEXT STEPS... TBD

- Report to the legislature on occupational licensure compacts?
- Establish equivalency standards for telepsychology practice?
- Pursue reciprocity agreements?

## THANK YOU! ③

NATALIE.PITA@ASM.CA.GOV



## Q&A



Please submit your questions in the Q&A box.

## You're Invited: Annual Meeting

### California Telehealth Policy Coalition Annual Meeting November 19, 2024 The California Endowment, Sacramento

#### **Confirmed Speakers:**

- Autumn Boylan, Department of Health Care Services
- Diana Camacho, California Health Care Foundation
- Kate Davidson, Centers for Medicare and Medicaid Innovation
- James Marcin, UC Davis Health

## MAKING TELEHEALTH SUSTAINABLE

The Next Chapter: California Telehealth Policy Coalition and E-Consult Workgroup Annual Meeting - November 19, 2024

**Register here!** <u>https://www.eventbrite.com/e/california-telehealth-policy-coalition-and-e-consult-workgroup-tickets-996318454317?aff=oddtdtcreator</u>

Sponsorship opportunities for this event are still available.

Please contact Mei Kwong at <u>meik@cchpca.org</u> for more information.

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#### Contact staff with any questions:

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#### Please visit the California Telehealth Policy Coalition website for more information:

https://www.cchpca.org/about/projects/california-telehealth-policy-coalition