I. **Overview of AB 744**

Ms. Durbin provided an overview of AB 744. The bill is intended to ensure access to telehealth by clarifying the existing laws so that a service is not treated differently due to being performed via telehealth. Additionally, the bill makes technical updates to language, reflecting updates in telehealth technology. The removal of asynchronous terminology was intended to be a technical correction to eliminate redundancy. Ms. Durbin commented, however, that there have been concerns that omitting the terminology could result in unintended consequences, therefore it will be amended back into the language.

Additionally, AB 744 incorporates coverage language from the American Medical Association, which has been adopted in 14 different states to spell out what terms and conditions should be included in a contract. A cost benefit analysis of the bill, which excluded e-consult and remote patient monitoring, suggested a cost of $270 million. CMS intended to discuss the full picture of cost savings during the next committee hearing.

Ms. Durbin stated that the only opposition currently has been from health plans in the Chamber of Commerce. She believes the opposition is due to assumptions surrounding the use of terms “same” and “same extent” and clarified that the bill still allows for flexibility and renegotiation.

AB 744 also includes a punishment for noncompliance which would generate a fund. If the bill were to use the existing fund, it would have resulted in a 2/3 vote in appropriations. A new fund was created to avoid this. The first million dollars generated in this way would fund the Steven Thompson Physician Corps Loan Repayment Program. Changes to the fund will be addressed in upcoming amendments of the bill.

II. **CCHP/BluePath Last 30 Days Policy Round-up**

**AB 848**- Adds continuous glucose monitors to the schedule of benefits under Medi-Cal when medically necessary for the treatment of diabetes. Subject to utilization controls and shall be implemented only to the extent that federal financial participation is available. Passed Senate Committee on Health and re-referred to Committee on Appropriations.
AB 1494- Would authorize, with federal financial participation and approval, that face-to-face contact or physical presence of a Medi-Cal beneficiary in an enrolled community clinic not be needed to receive services during a state of emergency. Bill was amended April 10th with clarifying language. Read second time in Assembly Committee on Appropriations on April 11th.

AB 1529- Would require a telephone medical advice service to ensure services from a provider in an out-of-state location are operating consistent with state licensing laws. Passed Assembly and sent to Senate Committee on Rules for assignment on April 9th.

AB 1642- Originally required review by a contracted external quality review organization to include extent to which Medi-Cal MCOs use telecommunications technology to meet network adequacy standards. Amended on April 1st to also require Medi-Cal MCOs to provide additional information in its request for alternative access standards (such as description of reasons justifying the alternative access standards). Also in amendment: requires Medi-Cal MCOs to assist beneficiaries outside of distance and time requirements in obtaining an appointment with an out-of-network provider. And increases the maximum penalty for failing to provide medically necessary services under the contract to $100,000. Passed Assembly Committee on Health on April 9th.

SB 24- Requires all state university health clinics to offer abortion by medication techniques by 2023. Makes available the College Student Health Center Sexual and Reproductive Health Preparation Fund to fund the services, which may include telehealth. Set for hearing in Senate on April 24th.

SB 612- Requires health care service plans, including Medi-Cal MCOs, to report on their participation in specified activities, including services offered in non-traditional settings such as through telehealth. Set for hearing with Senate Committee on Appropriations on April 29th.

Ms. Kwong also provided a brief update regarding the DHCS policy updates. DHCS says the final version is still set to be released in Spring. The major components of the proposal seem to be intact. There has been some conflicting information regarding what constitutes a Medi-Cal enrolled provider. While unconfirmed, there may be changes made to the FQHC policy, affecting home as an originating site.

Ms. Kwong also provided a brief overview of the current status of the CMS final rule regarding telehealth benefits for MA plans. The rule tells MA plans that if a service fits the delivery model, it can be delivered through telehealth. However, MA plans do not need to take advantage of the increased flexibility. Services are still limited by a list of providers, which does not include allied health professionals.

Finally, there was an update regarding the Congressional Telehealth Caucus’ request for information. CCHP submitted comments to the caucus, which included the following points:

- Remove the geographic requirement on the originating site
- Expand the list of eligible locations where telehealth encounters may take place in the Medicare program
• Expand the list of eligible modalities
• Expand the list of eligible services Medicare will reimburse for if the service is delivered via telehealth
• Expand the list of eligible providers who can provide and be reimbursed for telehealth-delivered services
• Provide more flexibility to CHCs to utilize telehealth
• Remote patient monitoring
• Clear, consistent policies
• Telehealth Resource Centers funding needs to be increased to meet the increased demand and ensure unbiased, accurate information and education is provided

III. **Telehealth Coalition Survey and Interview Findings**

Ms. Sagara provided an overview of the survey and interview results. Initial takeaways suggested that coalition members want to see the following:

**Coalition Objectives**
1. Legislator/regulator education and/or liaising
2. Law and policy implementation and tracking
3. Model law and policy development
4. Active voice on mutually agreeable telehealth legislation

**Priority Policy Topics**
1. Increased coverage for telehealth
2. Reimbursement parity
3. Increased awareness of telehealth
4. High interest in geriatrics, pediatrics, general specialty and mental health

**Additional considerations**
1. Broad and inclusive definition of telehealth
2. Desire to convene in an annual meeting
3. Featuring SMEs on monthly coalition calls
4. Possible expansion of membership
5. Potential to move monthly calls to Friday mornings

Ms. Sagara also mentioned that the coalition may want to determine what kind of tools can be developed in the future, including a quarterly newsletter, weekly policy roundup, a telehealth coalition website, telehealth legislative briefing, or a telehealth coalition annual meeting.

IV. **Additional News and Announcements**

Ms. Kwong briefly mentioned a recent case where Federal prosecutors charged 24 people in an alleged $1.2 billion Medicare fraud scheme involving telemedicine. She mentioned that the case may
result in questions regarding how telehealth can protect against fraud and suggested the coalition and its members develop an answer to such questions.

*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.*
California Telehealth Policy Coalition
Monthly Call
April 19, 2019
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introductions and Agenda Overview</strong></td>
<td>5 min</td>
</tr>
<tr>
<td><strong>Legislation Committee</strong></td>
<td>20 min</td>
</tr>
<tr>
<td>• Overview [AB 744] (Amy Durbin, CMA)</td>
<td></td>
</tr>
<tr>
<td>• State Updates</td>
<td></td>
</tr>
<tr>
<td>• Federal Updates</td>
<td></td>
</tr>
<tr>
<td>• CCHP Letter to Congress</td>
<td></td>
</tr>
<tr>
<td><strong>Education Committee</strong></td>
<td>5 min</td>
</tr>
<tr>
<td>• Education Committee Update</td>
<td></td>
</tr>
<tr>
<td><strong>2019 Coalition Objectives and Priorities - Discussion</strong></td>
<td>20 min</td>
</tr>
<tr>
<td>• Summary of Coalition Member Surveys</td>
<td></td>
</tr>
<tr>
<td>• Initial Member Interview Takeaways</td>
<td></td>
</tr>
<tr>
<td>• Communication Planning</td>
<td></td>
</tr>
<tr>
<td><strong>News and Announcements</strong></td>
<td>5 min</td>
</tr>
<tr>
<td><strong>Wrap up</strong></td>
<td>5 min</td>
</tr>
</tbody>
</table>
Overview of A.B. 744

Amy Durbin
Associate Director, Government Affairs
California Medical Association
Legislation Committee and State Updates

Telehealth bill updates:

<table>
<thead>
<tr>
<th>Bill</th>
<th>Brief Summary</th>
<th>Developments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.B. 848</td>
<td>Medi-Cal coverage of blood glucose monitors and related supplies</td>
<td>• Passed Assembly Health 3/26</td>
</tr>
<tr>
<td>A.B. 1494</td>
<td>FQHC and RHC reimbursement for telehealth during emergencies</td>
<td>• Passed Assembly Health 4/9&lt;br&gt;• Amendment, 4/11: specifies that &quot;premises&quot; includes sites outside four walls of FQHCs for the delivery of telehealth services</td>
</tr>
<tr>
<td>A.B. 1529</td>
<td>Reiteration that out of state providers providing medical services over phone are subject to state licensing boards</td>
<td>• Passed Assembly Business &amp; Professions 4/2&lt;br&gt;• Passed Assembly 4/8</td>
</tr>
<tr>
<td>A.B. 1642</td>
<td>Medi-Cal MCPs must provide beneficiaries with non emergency medical transportation, actuarial rate methodology if alternative access standards are approved (telehealth is allowed for alternative access)</td>
<td>• Passed Assembly Health 4/9</td>
</tr>
<tr>
<td>S.B. 24</td>
<td>Medication abortion requirement for UC/CSU; start up funding can be used for telehealth purposes</td>
<td>• Passed Senate Health 4/3</td>
</tr>
<tr>
<td>S.B. 612</td>
<td>Health plan reporting on services and supports not geographically located near beneficiaries, including telehealth</td>
<td>• Passed Senate Health 4/10</td>
</tr>
</tbody>
</table>

Upcoming hearings:
- April 22: Assembly Health, Informational Hearing
- April 23: Assembly Health, Bill Hearing (inc. A.B. 744 (payment parity), A.B. 1676 (provider to provider mental health consults)
- April 25: Senate Budget and Fiscal Review Subcomm. 3, Informational Hearing
- April 30: Joint Oversight Hearing, Preventive Services for Children in Medi-Cal

DHCS Telehealth Update: DHCS anticipates publishing the new Telehealth Provider Manual and All Plan Manual in late spring
Federal Updates

- Mental Health Telemedicine Expansion Act
  - Introduced by Sen. Kamala Harris in late 2018; companion bill H.R. 1301 introduced by Reps. Suzan DelBene and Tom Reed
  - Would expand access to telemental health benefits beyond those currently allowed under law according to originating site and geographic region
  - For more information, please see APA fact sheet, attached to today’s materials

- CMS Final Rule Regarding Telehealth Benefits for MA Plans
  - Plans may now propose including additional telehealth benefits beyond the restrictive FFS geographic and originating site limitations
  - Plans may now include a more telehealth benefits as basic benefits, not just as supplemental benefits
  - For more information, please see CCHP Fact Sheet, attached to today’s materials
Congressional Telehealth Caucus Request for Information, CCHP Response

Below are CCHP’s key points in its response to the Congressional Telehealth Caucus’ RFI, focused on Medicare policy.

- Remove the geographic requirement on the originating site
- Expand the list of eligible locations where telehealth encounters may take place in the Medicare program
- Expand the list of eligible modalities
- Expand the list of eligible services Medicare will reimburse for if the service is delivered via telehealth
- Expand the list of eligible providers who can provide and be reimbursed for telehealth-delivered services
- Provide more flexibility to CHCs to utilize telehealth
- Remote Patient Monitoring
- Clear, Consistent Policies
- Telehealth Resource Centers funding needs to be increased to meet the increased demand and ensure unbiased, accurate information and education is provided
Education Committee Update
Discussion of Telehealth Coalition Member Interview Findings

Objectives:

- Further understanding organizations’ definition of telehealth
- Understanding organizations’ views of the Coalition’s role in advancing telehealth policy
- Capturing organizations’ telehealth interests
- Capturing organizations’ objectives and priority focus areas
- Determining appetite for in-person meetings
- Identifying other organizations for outreach

Timeline: March 8 to April 3

Number of interviews: 16

See appendix for full list of interview questions
What we heard – Member Survey and Initial Interview Responses

Coalition Objectives

- Legislator/regulator education and/or liaising
- Law and policy implementation and tracking
- Model law and policy development
- Active voice on mutually agreeable telehealth legislation

Priority Policy Topics

- Increased coverage for telehealth
- Reimbursement parity
- Increased awareness of telehealth
- High interest in geriatrics, pediatrics, general specialty and mental health

Additional Considerations

- Broad and inclusive definition of telehealth
- Desire to convene in an annual meeting
- Featuring SMEs on monthly coalition calls
- Possible expansion of membership
- Potential to move monthly calls to Friday mornings
Next Steps for Stakeholder Engagement

Taking into account your recommendations, we will be conducting a second round of interviews with organizations not currently part of the Coalition. Below is a list of organizations to be engaged through mid-May.

**Health Plans/Trade Associations**
- Anthem
- California Health & Wellness/Health Net
- Kaiser Permanente
- Promise Health Plan
- San Francisco Health Plan
- California Association of Health Plans
- Local Health Plans of California

**Providers/Trade Associations**
- Ampla
- Beacon Health Options
- Community Health Center Network
- Tarzana Treatment Centers
- Teledem2U
- UC Office of the President
- America’s Physician Groups
- California Association of Public Hospitals
- California School-Based Health Alliance

**Vendors**
- mPulse
- Rubicon MD
- Safety Net Connect
- Teladoc
- Vsee

**Purchasers**
- CalPERS
- Covered California
- Pacific Business Group on Health
# Draft High-Level Communication Plan

<table>
<thead>
<tr>
<th>Communication Tool</th>
<th>Purpose</th>
<th>Audience</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Newsletter</td>
<td>• Aggregate developments in CA policy and legislation</td>
<td>Members and expanded list of contacts interested in telehealth policy</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>• Celebrate Coalition Activities/Success</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reinforce Coalition Identify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Policy Roundup</td>
<td>Provide up-to-date activity in CA and Federal telehealth policy that requires action by or attention from the coalition</td>
<td>Members and expanded list of contacts interested in telehealth policy</td>
<td>Weekly</td>
</tr>
<tr>
<td>Telehealth Coalition Web Site</td>
<td>Serve as a repository for California-specific telehealth law, policy and research, and track legislative and regulatory developments</td>
<td>Members and expanded list of contacts interested in telehealth policy, policymakers, telehealth implementers or policy stakeholders</td>
<td>Launch summer 2019, update as needed</td>
</tr>
<tr>
<td>Telehealth Legislative Briefing</td>
<td>Gather state health care stakeholders at a Capitol briefing in summer 2019 to share current/pending telehealth legislation, future needs and priorities</td>
<td>Members, policy makers, Capitol staffers</td>
<td>Summer 2019 (leg break)</td>
</tr>
<tr>
<td>Telehealth Coalition Annual Meeting</td>
<td>Network, share knowledge, discuss policy needs and priorities for 2020</td>
<td>Members and key stakeholders selected by the coalition to be invited (e.g. 50 max)</td>
<td>November 2019</td>
</tr>
</tbody>
</table>
## Timeline of Potential Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews with additional stakeholders</td>
<td>April through mid-May</td>
</tr>
<tr>
<td><strong>May Coalition Meeting</strong></td>
<td></td>
</tr>
<tr>
<td>• Present findings from additional stakeholder feedback</td>
<td>May 17</td>
</tr>
<tr>
<td>• Review final draft of charter</td>
<td></td>
</tr>
<tr>
<td><em>Begin publishing quarterly newsletter</em></td>
<td>June 2019</td>
</tr>
<tr>
<td><strong>Ongoing Coalition Meetings</strong></td>
<td>June through December 2019</td>
</tr>
<tr>
<td><strong>Build-out and Update Telehealth Coalition web site</strong></td>
<td>July 2019</td>
</tr>
<tr>
<td><strong>Telehealth Coalition Legislative Briefing</strong></td>
<td>Summer (TBD)</td>
</tr>
<tr>
<td><strong>In-Person Meeting to Review 2019 and Plan for 2020</strong></td>
<td>November 2019</td>
</tr>
</tbody>
</table>
Federal prosecutors on Tuesday said they dismantled one of the largest health care fraud schemes ever investigated by the FBI, charging 24 people in a $1.2 billion alleged scam involving telemedicine and durable medical equipment companies.

Key Points:

- Accused include 5 telemedicine companies, 130 DME companies and 3 licensed medical professionals
- Fraud initiated by call center “upselling” of unnecessary medical equipment
- Call centers bribed telemedicine companies to pay doctors to write fraudulent equipment and Rx orders
- Call centers sold orders to DME companies and billed Medicare, with hundreds in kickbacks per order

News and Announcements

- **Upcoming CHCF Briefing: Improving Quality of Care for Californians in Medi-Cal Managed Care**
  - Monday, April 29 from 10:00-1:00, Sacramento
  - Presentations will include analysis of Medi-Cal managed care trends, ideas for quality improvement in Medi-Cal managed care, and recommendations for using quality measures as part of financial incentive programs
  - For more information and to register, please see the [CHCF website](#)

- **Upcoming CHCF Briefing – Expanding the Role of Nurse Practitioners**
  - Monday, May 6 from 12:00-1:30, Sacramento
  - CHCF will be bringing in experts from other states that have expanded scope of practice authority for NPs
  - For more information and to register, please see the [CHCF website](#)
Telehealth Coalition Members Interviewed

- Julie Bates, AARP
- Peggy Broussard-Wheeler, California Hospital Association
- Joy Burkhard, 2020 Mom
- Fabiola Carrion, National Health Law Program
- Bryce Docherty, KP Public Affairs
- Amy Durbin and Lisa Matsubara, California Medical Association
- Jana Katz-Bell, Dr. James Marcin, UC Davis Health
- Erin Kelly, Children’s Specialty Care Coalition
- Michael Kurland, West Health
- Samrina Marshall, The MAVEN Project
- Yamilett Medrano, Loma Linda University
- Aracely Navarro, The Children’s Partnership
- Dr. Larry Ozeran, Clinical Informatics
- Vivian Thomas, California Department of Public Health
- Dr. David Wetherhold and Amber Ter-Vrucht, Scripps Health
- Carol Yarbrough and Lisa Deangelis, UCSF Health
<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Details</th>
<th>Recent Updates, Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.B. 156 (Voepel)</td>
<td>Eye care: remote assessment</td>
<td>• Would prohibit use of virtual eye exams unless certain prescribed requirements are met</td>
<td></td>
</tr>
<tr>
<td>A.B. 385 (Calderon)</td>
<td>Medi-Cal: EPSDT mental health services</td>
<td>• Requires DHCS to create quality performance measurement system for mental health services within CHIP ESPDT • Requires DHCS to convene stakeholder group</td>
<td>Passed Asm. Health 4/9 Opportunity to advocate for telehealth measures</td>
</tr>
<tr>
<td>A.B. 537 (Wood)</td>
<td>Medi-Cal Managed Care: QI and value based incentive program</td>
<td>• Requires DHCS to establish quality assessment and performance improvement program and value-based to ensure Medi-Cal MCPs achieve minimum performance level</td>
<td>Passed Asm. Health 4/9 Opportunity to advocate for telehealth measures</td>
</tr>
<tr>
<td>A.B. 744 (Aguiar-Curry)</td>
<td>Health care coverage: telehealth</td>
<td>• Requires payment parity for telehealth services for all DOI and DMHC regulated products (including Medi-Cal Managed Care) • Amends definition of asynchronous telehealth to S-A-F • Prohibits annual and lifetime limits on telehealth • Prohibits separate telehealth cost-sharing requirements not imposed on non-telehealth benefits • Removes Medi-Cal requirement that individuals be able to request in-person consult w/ distant site provider for teleoph., teledentistry, telederm.</td>
<td></td>
</tr>
<tr>
<td>A.B. 848 (Gray)</td>
<td>Medi-Cal: covered benefits: continuous glucose monitors</td>
<td>• Would require Medi-Cal cover continuous glucose monitors and related supplies</td>
<td>Passed Asm. Health 3/26</td>
</tr>
</tbody>
</table>
## Telehealth-Related Bills – *To be updated*

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Details</th>
<th>Recent Updates, Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.B. 1494</strong> (Aguiar-Curry)</td>
<td>Medi-Cal: telehealth: state of emergency</td>
<td>• Requires DHCS to reimburse FQHCs and RHCs for covered services provided via telehealth following declaration of state of emergency, regardless of whether patient is physically located at clinic, or whether existing provider-patient relationship exists</td>
<td>Passed Asm. Health 4/9</td>
</tr>
<tr>
<td><strong>A.B. 1529</strong> (Low)</td>
<td>Telephone medical advice services</td>
<td>• Would specify that out of state health professionals providing medical advice over the phone are subject to licensing laws of the various boards in California, not just the DCA</td>
<td>Passed Asm. B&amp;P 4/2 Passed Asm. 4/8</td>
</tr>
</tbody>
</table>
| **A.B. 1642** (Wood) | Medi-Cal: managed care plans | • Requires MMC plans to provide DHCS with justification for requesting alternative access standards; must arrange for non-emergency medical transportation if alternative access standards are approved  
• Requires actuarial rate methodology to include beneficiary access to Medi-Cal covered services, including travel times to receive services, and the ability of a Medi-Cal MCP to comply with the time and distance req’ts w/o seeking authorization to adopt alternative access standards  
• Authorizes DHCS to impose fines of up to $100K if plan fails to provide medically necessary services that the contractor is required to provide to an enrollee covered under the contract | Passed Asm. Health 4/9 |
| **A.B. 1676** (Maienschein) | Health care: mental health | • Requires DOI and DMHC regulated products to establish telehealth consultation programs to diagnose and treat child and postpartum mental illness  
• Requires communication 2x per year to enrollees regarding programs  
• Requires plans to keep utilization records | |

Client Proprietary and Business Confidential
## Telehealth-Related Bills – *To be updated*

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Details</th>
<th>Recent Updates, Notes</th>
</tr>
</thead>
</table>
| A.B. 1689        | College Mental Health Services Program                          | • Establishes grant program for community college, UC, CSU mental health programs  
• Requires submission of program evaluation to the state regarding state-funded mental health programs  
• *Opportunity to promote use of telehealth to increase access to college mental health services* | Passed Asm. Health 4/9                    |
| S.B. 12          | Mental health services: youth                                    | • Would create Integrated Youth Mental Health Programs with sites across the state based on headspace model using MHSA dollars  
• *Headspace model on which this is based includes telehealth* | Passed Senate Health 3/27  
Passed Senate Appropriations 4/8 |
| S.B. 24          | Public health: public university student health centers: abortion by medication techniques | • Requires health clinics on UC and CSU campuses to offer medication abortions onsite  
• Established College Student Health Center Sexual and Reproductive Health Preparation Fund to provide private monies to public university health centers for medication abortion readiness  
• Grants each campus $200K for readiness assessments, including determining costs associated w/ using telehealth to provide abortions  
• Grants each campus $200K for direct and indirect costs that can be used to establish a corporate account to provide telehealth services | Passed Senate Health 4/3                  |
| S.B. 66          | Medi-Cal: FQHCs and RHCs                                        | • Would allow for max. of 2 visits per day to FQHC or RHC under PPS rate if second visit is for mental health or dental visit  
• *Opportunity to advocate for visits to be via telehealth, and not just in-person* | Passed Senate Health 3/20  
Passed Senate Appropriations 4/8 |

---

*Client Proprietary and Business Confidential*
<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Details</th>
<th>Recent Updates, Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.B. 612 (Pan)</td>
<td>Health care data reporting</td>
<td>• Requires DOI and DMHC regulated products and medical groups to report to OSHPD on services and supports that are geographically located close to enrollees, or that are offered nontraditional settings, such as telehealth</td>
<td>Passed Senate Health 4/10</td>
</tr>
</tbody>
</table>
Interview Questions

• Please provide an overview of your organization’s background populations served (Medi-Cal FFS, Medicare, etc.) and describe your role.

• When and why did you get involved with the California Telehealth Policy Coalition?

• What is the role the Coalition is playing today, and what role do you believe the Coalition should play in the future? (This year, 2-3 years, 5 years)

• What should be the Coalition’s mission? Do you agree with the proposed mission and vision, described below?

• Please confirm your organization’s definition of telehealth. (Most do not have a definition.)

• Confirm priority objectives for the Coalition
  • Please describe why your organization prioritizes these objectives over others in 2019?
  • What outcomes do you seek within these priority areas? How would you measure success?
  • What specific actions do you believe the Coalition should facilitate to achieve these desired outcomes?
  • What specific actions do you believe the Coalition should facilitate to achieve these desired outcomes?
  • Do you have specific interest in working with the Coalition and other Coalition members around these objectives? Please describe how you see you and/or your organization may contribute.
Interview Questions

• Confirm telehealth topic priorities (expanded reimbursement, reimbursement parity, etc.)
  • Please describe why your organization prioritizes these topics.
  • Do you have specific interest in working with the Coalition and other Coalition members around these objectives? Please describe how you see you and/or your organization may contribute.

• Have you or are you planning to advance telehealth related language in legislative bills this year or next? Please describe.

• Are there existing bills you are monitoring closely?

• Do you or your organization have telehealth educational materials that you believe other members of the Coalition would find helpful?
  • Are there educational materials or others you would find helpful to be developed or shared by others?

• Confirm in-person meeting response.
  • What’s the best time of year/day of week for you to attend an in-person convening?

• Are there organizations you recommend we reach out to that might be interested in participating with the Coalition’s efforts? Your community, peer or collaboration partners?

• What kind of regular communications would you like to see?
Review of Telehealth Coalition Member Survey Responses

*Objectives:*

- Refining/aligning definition of telehealth
- Capturing organizations’ telehealth interests
- Capturing organizations’ objectives and priority focus areas
- Determining appetite for in-person meetings
- Determining willingness for follow-up interviews

*Timeline:* Open from February 22 to March 8

*Respondents:* 21 out of 109 members

See appendix for full list of survey questions
The vast majority of members’ organizations (over 60%) have not adopted the Business and Professions Code definition of telehealth.
Survey Results

Members largely assign equal weight to each of the proposed Coalition’s objectives on average, but more highly prioritize legislator/regulator education and/or liaising to discuss issue, legal/policy implementation tracking, and model law and/or policy development.

**Coalition Objectives**

- **Legal/policy implementation tracking**: 14 High Priority, 7 Medium Priority, 0 Low Priority
- **Payer, provider and/or consumer education**: 11 High Priority, 8 Medium Priority, 2 Low Priority
- **Legislator/regulator education and/or liaising to discuss issues**: 16 High Priority, 3 Medium Priority, 2 Low Priority
- **Legislation drafting**: 6 High Priority, 12 Medium Priority, 3 Low Priority
- **Model law and/or policy development**: 14 High Priority, 6 Medium Priority, 1 Low Priority
Members assign slightly more priority to the telehealth topics increased coverage of telehealth services, reimbursement parity, and increased awareness of telehealth.

### Telehealth Topics

- **Telehealth inclusion in healthcare workforce trainings and programs**: 6 (High), 10 (Medium), 5 (Low), 5 (Total)
- **Increased academic research and evaluation funding**: 3 (High), 10 (Medium), 8 (Low), 8 (Total)
- **Fraud and abuse mitigation**: 7 (High), 5 (Medium), 9 (Low), 9 (Total)
- **Inclusion of telehealth visits and providers in network adequacy**: 11 (High), 8 (Medium), 2 (Low), 21 (Total)
- **Increased awareness of telehealth**: 14 (High), 6 (Medium), 1 (Low), 21 (Total)
- **Increased utilization of telehealth**: 12 (High), 8 (Medium), 1 (Low), 21 (Total)
- **Increased broadband access**: 7 (High), 4 (Medium), 10 (Low), 11 (Total)
- **Increased eligible sites for telehealth reimbursement**: 11 (High), 7 (Medium), 3 (Low), 11 (Total)
- **Increased coverage of telehealth services**: 4 (High), 14 (Medium), 2 (Low), 10 (Total)
- **Provision of telehealth services by out of state providers**: 3 (High), 15 (Medium), 4 (Low), 22 (Total)
- **Reimbursement parity**: 4 (High), 14 (Medium), 2 (Low), 10 (Total)
Survey Results

Older adults, pediatric/adolescent health, general specialty care, and mental health are the top four populations/specialties of interest.
Survey Results

Medi-Cal is the primary coverage type represented by members/primary recipient of their services, followed by employer/group and individual market.
Survey Results

Over 90% of members are interested in an in-person meeting at the end of the year.