I. **Coalition Charter and Committees**

Ms. Leslie introduced a framework for the Coalition charter. The three pieces of the framework are as follows:

- **Monitoring**
  - Ensuring latest policies, research, and updates are known by the Coalition members.

- **Engage**
  - Dialogue regarding perspectives on telehealth events and research.
  - Vetting policies against Coalition principles.

- **Champion**
  - Develop model law and policy, analyze trends, endorse Coalition members’ bills, respond to agency proposals for comments or recommendations, advocate as a unified group.

Additionally, Ms. Leslie explained the five principles to be used in analyzing bills to determine the Coalition’s level of support. The guiding principles include:

- **Promoting access and coverage**: Promoting access to care through telehealth and coverage of telehealth services
- **Enhance care coordination**: Reinforce the patient-centered medical home model and reduce care fragmentation within and among systems
- **Promote provider and patient engagement**: Promote participation of provider in efforts to improve performance and patient health outcomes, and involvement of patients in their health care.
- **Reinforce clinical quality**: Reinforce desirable, measurable outcomes, specifically those used by regulators and produced by standard-setting organizations.
- **Ensure data privacy and security**: Ensure data privacy and security, particularly as those standards are prescribed by law and industry standards.

Ms. Leslie continued, stating the guiding principles are based on work from committee groups last year. Moving forward, the legislative committee will review policy and bills against the
principles and report to the full Coalition. The education committee will develop materials and strategies to educate and liaise with government and partners. They will also assist in guiding regulatory follow through on implementing and enforcing legislation and will assist in the design of the Coalition landing website.

Ms. Kwong introduced the legislation and education committee chairs. The legislation committee will be chaired by Ms. Erin Kelly of the Children’s Specialty Care Coalition and the education committee will be chaired by Ms. Julie Bates of AARP.

II. **Overview of H.R. 6781**

Mr. Franceschini introduced Mr. Laurel Stine, Director of Congressional Affairs at the American Psychological Association to provide an overview of H.R. 1301 (The “Mental Health Telemedicine Expansion Act”).

In Mr. Stein’s overview, he stated the bill was introduced in late 2018 as H.R. 6781 by Reps. Suzan DelBene and Tom Reed, however there was not enough time to build support. H.R. 1301 is an attempt to build more support. It is a Medicare bill to expand access to mental health services among older Americans. The bill would specifically remove the originating site requirements for telehealth mental health services and would establish the home as an eligible originating site. These changes, Mr. Stein says, would help to ensure that older populations in urban areas or who are moving to other areas will maintain coverage for services. The bill would cover services under CPT codes 90834 and 90837.

III. **Overview of Virtual Dental Home Budget Request**

Ms. Aracely Navarro provided a brief overview of a budget request for virtual dental homes. She stated that, during recent months, there has been work to clarify the ability of FQHCs to establish a patient through store-and-forward teledentistry. In the process, the issue has gone through the budget process for clean up language. During meetings with DHCS there were concerns around the definition of establishing a location through store-and-forward. Currently, they are attempting to clarify the intent of the cleanup bill and will be putting together a sign-on letter for virtual dental homes and establishing a patient through store-and-forward teledentistry.

IV. **Committee and Policy Updates**

Mr. Franceschini provided a list of bills that have recently passed appropriations committees.

- **AB 744**: passed Assembly Appropriations on 5/16/19 with amendments regarding compliance
- **AB848**: passed Assembly Appropriations on 5/16/19
- **AB 1264**: passed Senate Health on 5/1/19; referred to Senate, urgency clause adopted
- **AB 1494**: passed Assembly Appropriations on 5/16/19 with minor and clarifying amendments
AB 1642: passed Assembly Appropriations on 5/16/19 with amendment to specify DHCS will take access standards into account when setting capitation rates

AB 1676: held in Assembly Appropriations on 5/16/19

SB 24: passed Senate Appropriations on 5/16/19

Ms. Durbin provided additional follow up on AB 744, stating there were four amendments taken in appropriations to bring down costs related to enforcement for DMHC. Most of the amendments were clarifying against an interpretation that the bill would require health plans to cover telehealth. Additionally, language was removed regarding an on-site compliance review. The final main amendment was meant to address concerns from opposition that the bill would dictate the rate and negotiations on the rate, which required the inclusion of “subject to terms and conditions.” Moving forward, the bill will be sent to the Senate. Ms. Durbin also stated that a letter as an alert to the entire assembly would be appreciated. She also mentioned she is assuming the opposition will not be removing their formal oppositions to the bill and that they have not indicated that any amendments would remove their opposition.

Ms. Kwong provided an update on Federal policy. House Appropriations approved additional funding higher than requested by the administration for telehealth funding. There was also increased funding for the Telehealth Centers of Excellence and to evaluate funding to telehealth to date.

V. New Member Organizations

- America’s Physician Groups
- Beacon
- Central California Alliance for Health
- California Primary Care Association
- California School-Based Health Alliance
- Community Health Center Network
- Hooper Lundy Bookman
- Local Health Plans of California
- Promise Health Plan
- San Francisco Health Plan

VI. Next Steps

- Forward any available content for the first Coalition newsletter
- Create a letter of support for AB 744 in Legislation and Education Committees

*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
May 17, 2019
## Agenda

<table>
<thead>
<tr>
<th>Introductions and Agenda Overview</th>
<th>5 min</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 Coalition Charter</strong></td>
<td>15 min</td>
</tr>
<tr>
<td>• Summary of findings from member interviews</td>
<td></td>
</tr>
<tr>
<td>• Overview of charter principles, priorities and activities</td>
<td></td>
</tr>
<tr>
<td>• Committee structure, governance and chairs</td>
<td></td>
</tr>
<tr>
<td><strong>Legislation Committee</strong></td>
<td>20 min</td>
</tr>
<tr>
<td>• Overview of H.R. 6781- Laurel Stine, APA</td>
<td></td>
</tr>
<tr>
<td>• Overview of Virtual Dental Home Budget Request- Paul Glassman, DDS, Univ. of the Pacific</td>
<td></td>
</tr>
<tr>
<td>• State and Federal updates and analysis</td>
<td></td>
</tr>
<tr>
<td><strong>Education Committee</strong></td>
<td>10 min</td>
</tr>
<tr>
<td>• Education Committee Update</td>
<td></td>
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<tr>
<td>• AB 744</td>
<td></td>
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<tr>
<td>• Medi-Cal Telehealth Policy: Home as originating site</td>
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<tr>
<td><strong>News and Announcements</strong></td>
<td>5 min</td>
</tr>
<tr>
<td><strong>Wrap up</strong></td>
<td>5 min</td>
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</tbody>
</table>
Member Interview Finding: The Telehealth Policy Coalition has an opportunity to expand its role as a thought leader and proactive advocate of telehealth in California

Opportunity to monitor and track policies, laws and research that promote telehealth to stakeholders

- Follow CA law and policy trends, bills and policy guidance
- Share research publications

Proactively engage members to understand how trends affect their organizations

- Discuss perspectives on current telehealth events and research
- Vet policy proposals against Coalition principles
- Share analyses with other stakeholders

Collaboratively champion the Coalition’s collective priorities

- Develop model law and policy
- Analyze trends collectively
- Advocate for or endorse other members’ bills
- Respond to agency proposals or gov’t RFIs with comments and recommendations
- Advocate as a unified group to represent the Coalition’s priorities
Coalition Principles

Several principles have been identified to provide a framework for assessing policies, legislation and activities for the Coalition to support.

- **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.
Framework for Vetting Coalition Priorities

**Coalition Principles**
- Promote access and coverage
- Enhance care coordination
- Increase provider engagement
- Reinforce quality
- Ensure data privacy and security

Reviewed existing mission and vision, survey and interview results

**Data Inputs**
- CCHP Advancing California’s Leadership in Telehealth Policy, Report, 2011
- CTEC Optimizing Telehealth in California, Report, 2009
- CCHP Telehealth Caucus RFI Response, 2019
- Coalition Member Survey and Interview Findings, 2019
- Current CA law

Reviewed data inputs to understand policy gaps

**2019 Priorities**
- Coverage and Access
- Payment
- Workforce Expansion
- Transparency and Reporting
- Resources

Analyzed gaps against principles to determine priorities
Policy priorities were identified through surveys and interviews. Status can be reviewed at in-person meeting

➢ Coverage and Access
  — Medi-Cal and commercial plans broadly cover all telehealth modalities to the same extent as in-person care
  — Regulators recognize all appropriate sites are considered valid originating sites
  — Patients and providers have the ability to access the internet in order to provide and utilize telehealth, including efforts to expand broadband access

➢ Payment
  — All payers reimburse for telehealth services at the same rate as their contracted in-person providers
  — FQHCs are able to receive payment for telehealth services and, when appropriate, without initial face-to-face visit

➢ Transparency and Reporting
  — State regulators have expanded datasets to align incentives across payers and coordinate telehealth components of programs
  — All plans explicitly state telehealth benefits in member collateral materials, including provider directories
  — Stakeholders understand that telehealth is integral to value-based care
  — Plans are able to use telehealth providers to meet network adequacy standards, when appropriate

➢ Workforce Expansion
  — Medi-Cal policy is changed so that Medi-Cal-enrolled, California-licensed providers do not need to physically present in California to deliver telehealth
  — Providers have expanded scope of practice to reinforce the medical home and team-based care, as appropriate
  — Telehealth is incorporated into provider training and education programs

➢ Resources
  — Providers have the financial resources to incorporate telehealth into their workflow
  — State leaders develop a comprehensive telehealth strategy, fund technical resources and a central repository of California telehealth information to support telehealth programs and providers
  — More providers know what telehealth services plans cover, and how to bill for them
Proposed Committee Structure and Governance

**Functioning**
- Committees meet once a month or on an ad hoc basis when necessary, report back to Coalition on monthly calls
- Each committee has a chair

### Legislation Committee

**Objectives**
- Understand how the Coalition should support, amend or oppose current bills
- Develop draft slate for 2020 and draft bill language

**Activities**
- Review and confirm priorities with Coalition to develop a legislative slate for 2020
- Analyze and provide recommendations on current bills
- Represent Coalition interests on stakeholder calls (i.e., DHCS stakeholder meetings), when appropriate

### Education Committee

**Objectives**
- Develop collateral materials and strategy to educate and liaise with all three branches of government and potential partners
- Assist in guiding regulatory follow-through on implementing and enforcing legislation

**Activities**
- Assist CCHP with creating a standard look and feel to reinforce messaging and make educational materials for member and Coalition bills
- Develop collateral and strategy to liaise with government on 2019 bills
- Meet with executive branch representatives to discuss telehealth priorities
- Organize education sessions and briefings with legislators and staffers on telehealth topics
Confirm Committee Chairs

▪ Chair Nominees
  — Education: Julie Bates, AARP
  — Legislation: Erin Kelly, Children’s Specialty Care Coalition

▪ Responsibilities:
  — Serve in a volunteer capacity as representative of the committee to the entire Coalition
  — Attend Committee meetings
  — Report committee developments to the entire Coalition on monthly calls
Overview of H.R. 6781

Laurel Stine
Director of Congressional Affairs
American Psychological Association
The “Mental Health Telemedicine Expansion Act,” H.R. 1301

Rep. Suzan DelBene (D-WA)  
Rep. Tom Reed (R-NY)
Why Should Congress Enact H.R. 1301?

- To make it easier for older adults to access mental health treatment, including those struggling with depression, suicidal ideation, chronic pain, and substance use disorders.
  - An estimated 60% of community-dwelling older adults with major depressive disorder do not receive mental health care
  - In a study of depressed primary care patients seeking treatment, twice as many preferred psychotherapy as preferred medication
  - Roughly half of older adults who live on their own suffer from chronic pain
  - Social isolation and depression are among the risk factors that often trigger thoughts of suicide in older adults, who have the highest rate of suicide of any age group
Barriers Preventing the Expansion of Telehealth Services

- According to CMS -

“Current restrictions on eligible telehealth originating sites appear to be the greatest barrier preventing the expansion of Medicare telehealth services. The two most significant Medicare restrictions are: 1) requiring the originating site to be located in certain types of rural areas, and 2) not allowing the beneficiary’s home to be an eligible originating site.”

- CMS November 15, 2018 report to Congress
Current Medicare coverage for psychotherapy services via telehealth...

Allowed for **both**:

- Beneficiaries living in rural areas and health professional shortage areas, who access services from a physician’s office, hospital, clinic, or mental health center (aka an “originating site”)

- Beneficiaries who have a substance use disorder, in their own home, regardless of where they live (effective July 1, 2019)
...and under H.R. 1301

Medicare beneficiaries allowed to access psychotherapy services—specifically CPT 90834 (45 minutes) and 90837 (60 minutes)—through real-time, interactive audio and video telecommunications with a patient...

- No matter where they live
- In their own home
- Whether they have a substance use disorder or not

An in-person assessment of the needs of the patient will continue to be required prior to the provision of telehealth services
Medicare Patients with Mental Disorders Top Telehealth Service Use

<table>
<thead>
<tr>
<th>Top Ten Principal Diagnoses</th>
<th>Medicare Beneficiaries</th>
<th>Telehealth Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depressive disorder, recurrent</td>
<td>15,000-20,000</td>
<td>50,000-60,000</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>8,000-10,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Schizoaffective disorders</td>
<td>6,000-8,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5,000-6,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Major depressive disorder, single episode</td>
<td>4,000-5,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Other anxiety disorders</td>
<td>3,000-4,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Reaction to severe stress and adjustment disorders</td>
<td>2,000-3,000</td>
<td>7,000</td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>1,000-2,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Cerebral infarction</td>
<td>500-1,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>100-500</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Source: NORC and KPMG Analysis of CMS Medicare Research Identifiable Files

Overview of Virtual Dental Home Budget Request

Paul Glassman, DDS
Professor and Director of Community Oral Health
University of the Pacific
Legislation Committee and State Updates- to be updated

- Telehealth bill updates

<table>
<thead>
<tr>
<th>Bill</th>
<th>Developments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AB 744</strong> (payment parity)</td>
<td>Passed Asm. Appropriations 5/16 with amendments regarding compliance.</td>
</tr>
<tr>
<td><strong>AB 848</strong> (glucose monitors, Medi-Cal)</td>
<td>Passed Asm. Appropriations 5/16.</td>
</tr>
<tr>
<td><strong>AB 1264</strong> (birth control via telehealth)</td>
<td>Passed Senate Health 5/1; referred to Senate, urgency clause adopted</td>
</tr>
<tr>
<td><strong>AB 1494</strong> (FQHCs, emergencies)</td>
<td>Passed Asm. Appropriations 5/16 with minor and clarifying amendments.</td>
</tr>
<tr>
<td><strong>AB 1642</strong> (alternative access)</td>
<td>Passed Asm. Appropriations 5/16 with amendment to specify DHCS will take access standards into account when setting capitation rates.</td>
</tr>
<tr>
<td><strong>AB 1676</strong> (tele mental health)</td>
<td>Held in Asm. Appropriations 5/16.</td>
</tr>
<tr>
<td><strong>SB 24</strong> (higher ed abortion access)</td>
<td>Passed Sen. Appropriations 5/16.</td>
</tr>
</tbody>
</table>

- Upcoming hearings
  - Health and Budget Subcommittee Hearings TBD, upon call of chair
Legislation Committee: Federal Updates

- **House Appropriations proposal**
  - $28.5M for telehealth funding, $4M increase from FY 2019
  - $6M for Telehealth Centers of Excellence funding, $2M increase from FY 2019
  - $2M for AHRQ to evaluate access, cost, experience and effectiveness for patients and providers, from investments in telehealth to date
  - Directs HRSA to conduct additional evaluations with an AMC and experienced in providing telemedicine services in medically underserved areas in both rural and urban regions

- **S. 1037: Rural Health Clinic Modernization Act**
  - Permits RHCs to act as distant sites for Medicare telehealth visits
  - Introduced April 4

- **H.R. 2000 & S. 981: Medicare-X Choice Act**
  - Establishes the “Medicare Exchange Health Plan;” include integration of telehealth tools that increase patient access to medical care, especially among remote or underserved areas if such integration would reduce spending without reducing quality of care or improve quality of care without increasing spending
  - Introduced April 1

- **H.R. 2452: Medicare for America Act**
  - Establishes a national health program for all Americans; includes telehealth services as a benefit
  - Introduced May 1
Education Committee Updates

- Next steps on outreach strategy for AB 744 and other telehealth-related bills

- Next steps on DHCS telehealth policy update on home as originating site
New Member Organizations

- America’s Physician Groups
- Beacon
- Central California Alliance for Health
- California Primary Care Association
- California School-Based Health Alliance
- Community Health Center Network
- Hooper Lundy Bookman
- Local Health Plans of California
- Promise Health Plan
- San Francisco Health Plan
## Timeline of Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews with additional stakeholders</td>
<td>Now through mid-May</td>
</tr>
<tr>
<td><em>Begin publishing quarterly newsletter</em></td>
<td>June 2019</td>
</tr>
<tr>
<td>June Coalition Meeting</td>
<td></td>
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<tr>
<td>• Present findings from additional stakeholder feedback</td>
<td>June 21, 2019</td>
</tr>
<tr>
<td>• Review final draft of charter</td>
<td></td>
</tr>
<tr>
<td>Ongoing Coalition Meetings</td>
<td>July through December 2019</td>
</tr>
<tr>
<td><em>Build-out and Update Telehealth Coalition web site</em></td>
<td>July 2019</td>
</tr>
<tr>
<td><em>Telehealth Coalition Legislative Briefing</em></td>
<td>Summer (TBD)</td>
</tr>
<tr>
<td><em>In-Person Meeting to Review 2019 and Plan for 2020</em></td>
<td>November 2019</td>
</tr>
</tbody>
</table>
News and Announcements

- **Wall Street Journal**: FBI and California DOI investigation of UBiome for potentially fraudulent billing practices
  - Startup uses telemedicine platform for physicians to order at-home GI lab tests for sequencing

- **Health Affairs**: Opportunity Cost: The Hidden Toll of Seeking Health Care
  - Provides an overview of the opportunity costs of in-person visits: time off work, parking and bridge tolls, child care, gas consumption, etc.
  - Leveraging “connected health tools” listed as one possible solution

- **AHRQ Report**: Telehealth for Chronic Care and Acute Conditions
  - Systematic review of evidence around telehealth effectiveness
  - Overall results showed that telehealth improved outcomes or that there was no difference between telehealth and the study comparators; stronger evidence for some applications

- **WHO Call for Members for Digital Health Technical Advisory Group**
  - Applications Due June 2

- **WHO Guideline**: recommendations on digital interventions for health system strengthening
  - Recommends adoption of specific digital health applications that would contribute to universal health coverage by improving accountability, availability of resources for health, and the efficacy of coverage
Appendix
Telehealth Policy Coalition Charter

The Coalition charter was formed by survey responses and follow-up interviews with current members. We vetted the charter with Coalition Legislation and Education Committee members last week.

Introduction
- Introduce the Telehealth Coalition and its mission and values

Definition
- Use Business & Professions Code definition of telehealth

Objectives
- Outline objectives of the Coalition

Principles
- Provide framework for assessing policy priorities and legislation

Timeline of Activities
- List major activities for 2019

Policy Priorities
- State topics of interest for the Coalition for 2019

Committee Governance
- Outline structure, objectives and activities

Members
- Include membership list
<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>
<tr>
<td>Bill No.</td>
<td>Title</td>
<td>Details</td>
<td>Recent Updates, Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------</td>
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<tr>
<td>A.B. 156</td>
<td>Eye care: remote assessment</td>
<td>• Would prohibit use of virtual eye exams unless certain prescribed requirements are met</td>
<td>Two year bill</td>
</tr>
<tr>
<td>(Voepel)</td>
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</tbody>
</table>
| A.B. 385     | Medi-Cal: EPSDT mental health services          | • Requires DHCS to create quality performance measurement system for mental health services within CHIP ESPDT  
• Requires DHCS to convene stakeholder group | Passed Asm. Health 4/9  
Held in Asm. Approps. 5/16  
*Opportunity to advocate for telehealth measures* |
| (Calderon)   |                                                 |                                                                                                                                         |                                              |
| A.B. 537     | Medi-Cal Managed Care: QI and value based incentive program | • Requires DHCS to establish quality assessment and performance improvement program and value-based to ensure Medi-Cal MCPs achieve minimum performance level | Passed Asm. Health 4/9  
Held in Asm. Approps. 5/16  
*Opportunity to advocate for telehealth measures* |
| (Wood)       |                                                 |                                                                                                                                         |                                              |
| A.B. 744     | Health care coverage: telehealth                | • 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.  | Passed Asm. Health 4/23  
Passed Asm. Approps. 5/16 |
| (Aguiar-Curry)|                                                 |                                                                                                                                         |                                              |
| A.B. 848     | Medi-Cal: covered benefits: continuous glucose monitors | • Would require Medi-Cal cover continuous glucose monitors and related supplies                                                           | Passed Asm. Health 3/26  
Passed Asm. Approps. 5/16 |
| (Gray)       |                                                 |                                                                                                                                         |                                              |
## Telehealth-Related Bills

<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 Passed Am. Approps. 5.16</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 Passed Asm. Approps. 5/16 |
| **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 | Passed Asm. Health 4/23 Held in Asm. Approps. 5/16 |
## Telehealth-Related Bills

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
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| **A.B. 1689**<br>(McCarty) | 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  
Held in Asm. Approps. 5/16 |
| **S.B. 12**<br>(Beall) | 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**<br>(Leyva) | 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  
Passed Sen. Approps. 5/16 |
| **S.B. 66**<br>(Atkins and McGuire) | 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 |
### Telehealth-Related Bills

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<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 Held in Sen. Approps. 5/16</td>
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