

## Meeting Minutes

Thursday March 4, 2021 | 10:00 am - 12:00 pm

Virtual Zoom Only Meeting

Member attendance					
Sen. Annette Cleveland	N	Dr. Josh Frank	N	Scott Kennedy	N
Rep. Marcus Riccelli	N	Claire Fleming	N	Mark Lo	Y
Rep. Joe Schmick	Y	Dr. Frances Gough	Y	Denny Lordan	Y
Dr. John Scott	Y	Sheila Green-Shook	N	Adam Romney	N
Dr. Chris Cable	Y	Emily Stinson	Y	Cara Towle	Y
Jae Coleman	N	Sheryl Huchala	N	Lori Wakashige	Y
Stephanie Cowen	N	Dr. Ricardo Jimenez	Y		
Kathleen Daman	Y	Dr. Geoff Jones	Y		

Non-Member Presenters: Sean Graham (WSMA), Nicole LaGrone (WSTC & UW Medicine)

Public attendees (alphabetical by first name):

Allison Holmes (Kaiser), Amy Etzel (BREE Collaborative), Bob Smithing (unknown), Carrie Tellefson, Cedric Johnson, David Knott, David Streeter (WHS), Gail McGaffick (WSPMA), Hanna Dinh (UWM), Gayle Rundstrom (National MS Society), Hugh Ewart (Seattle Children's), Jaleen Johnson (NRTRC), Janet Hanna (unknown), Jayda Greco (unknown), Jep Shepard (WSMA), Jim Johnson (unknown), Joana Ramos (WSCLA), Kai Neader (Evergreen Health), Kristine Joy Culala (UWM), Lauren Baba (UW), Leslie Emerick (Independent Lobbyist), Lia Carpeneti (Community Health Plan of Washington), Marissa Ingalls (Coordinated Care), Melissa Johnson (unknown), Michelle Martinez (HCA), Mike Sirott (unknown), Molly Shumway (UWM), Nancy Lawton (unknown), Nicole Goodman (unknown), Rachel Abramson (UWM), Shannon Thompson (WMHCA), Terri Drexler (AWHP), Tracie Drake (DoH), Veronica Vanslyke (TelaDoc), Zach Correia (unknown)

Meeting began at 10:03 am

# WashingtonState TelehealthCollaborative

## Welcome & Attendance

John Scott [[0:00](#)]

## Review of Meeting Minutes – Jan 4, 2020

All [[4:22](#)]

Dr. Scott (Chair) reviews minutes. Mark Lo (Seattle Children's) motions to approve minutes. Cara Towle (UW) seconded. Unanimously approved.

### Action Items:

- Ms. LaGrone (Collaborative Program Manager) to post approved Jan 2020 notes on Website

## Policy Updates

All [[7:36](#)]

(See appendix I for 2020-2021 Session Telemedicine Bill Summary for meeting handout. )

### Telemedicine Policy Updates

#### [HB 1196](#), Audio-only telehealth (Riccelli)

**Summary:** requires reimbursement for audio-only telemedicine services, expands definition of telemedicine for purposes of hospital privileging to include audio-only telemedicine services, requires OIC to conduct study to measure impact of the bill and make recommendations regarding the value of audio-only services. Also, extends the statutory authority for the Collaborative through 2023.

#### Updates

- Study to be led by Office of the Insurance Commission and the Telehealth Collaborative asked to make recommendation and inform work.
- Device neutral – using a device other than a phone can be billed as audio only.
- Amendment proposed to waive facility fee for audio-only visits.

### Questions & Discussion

- Some Collaborative members, representing rural and national health systems, voice support of the bill.
  - Comment from Dr. Jones of Newport Health in support of bill. Not reimbursing for these would hurt rural areas and systems that rely on telephone visits as back up where broadband is not available. Providence discussed bill with WSHA in previous meetings and both concluded dropping the facility fee was not a big enough issue to contest the bill.
  - Kaiser voices concerns about payment parity for audio-only being the bar that is set, given there are real limitations with that modality. There is value in audio-only care, but would propose equity over parity. Equity also allows telemedicine to offer lower cost care,
- Question from Ms. Ingalls (Coordinated Care) What does this group think about a study that only focuses on audio-only telemedicine vs. all of the recent telemedicine/telehealth uptake?

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- Response from group – that is a big question that requires a lot of data and the skills to analyze it - similar to discussions of using All Payers Database a couple of years ago. Members would like to see that but not interested in doing it.
- UW VSSL is working with HCA to review Medicaid telehealth claims generally:  
<https://www.vsslab.org/team>
- Premera struggling with how to identify between audio only and video visits and how many are billing facility fees for the audio calls.
  - Response: easiest way would be the different CBT code as they are billed differently.
- Trend among some health systems for adolescents and other patients to prefer audio-only to video calls, even when video is an option.
  - Some patients may simply need education on how to add or blur background.
  - However, there are many instances where patients may be aware of virtual backgrounds but prefer audio only– Zoom fatigue, privacy concerns (easier to go for a walk on a phone call for privacy), patients may be multi-tasking, also younger patients may prefer texting to video calls.
  - Background blurring functionality may be limited to newer machines, indicating another element of the digital divide.

## **SSB 5423, Concerning Telemedicine consultations (Rivers)**

**Summary:** Allows a licensed out-of-state practitioner to consult through telemedicine with a practitioner licensed in Washington State regarding the diagnosis or treatment of a patient within Washington State.

### **Questions & Discussion:**

- Bill stems from a pre-existing Washington Medical Commission policy which allows out of state practitioners to consult instate ones and vice versa.
- Intended to help patients with care coordination across state lines. This bill is not related to payer credentialing concerns or that these consultations are billable.
- Members representing health systems near state borders and cross-state systems voiced support for this bill (Newport Health Systems and Kaiser Permanente)

## **HB 1378, Concerning the supervision of medical assistants (Ybarra)**

**Summary:** Allows medical assistants assisting with a telemedicine visit to be supervised through interactive audio and video telemedicine technology

### **Questions & Discussion:**

- Bill raised in response to concerns around training bill (SB6061) about scope of who is included in the mandated training.
- Bill passed the house and was referred to the Senate Health and Long Term Care Committee hearing on March 12 at 8 am.

## **Broadband Access & Digital Equity**

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- See appendix I for full list of bills and bill summary
- Bills listed are peripheral to telemedicine and could improve access to telemedicine.

## **Non-Active Bills**

[HB 1462](#) (Rule) Concerning the total compensation for telemedicine services.

- Proposed in response to questions about rate and total compensation. Language changes concepts were incorporated into 1196 (Audio only bill). No need for bill to move forward.

[SB 5247](#) Nurse Licensing Compact (Padden)

- Introduced to Senate Health and Long Term Care Committee January 18<sup>th</sup>. Bill has not moved forward but included in summary because of previous discussions around Nurse Licensure Compact.

## **WA Telemedicine Training Updates**

Nicole LaGrone (UWM & WSTC) [[42:13](#)]

### **Training Updates**

[Full presentation available in Appendix II]

- Continuing Education Credit – 0.75 CE has been available since February 8. Currently in the process of making the CE credit available to anyone who completed the training between launch and Feb 8, 2021.
- Data obtained from demographic survey when trainees register on Canvas account.
- Some challenges remain in communication and technical issues with email sign up.

### **Statistics Summary**

- 11,616 individuals registered for the training, 8, 241 have completed it as of March 3, 2021.
- Facilities where providers offer telemedicine services: almost half of trainees are offering services in facilities located in suburban areas, 94% of trainees are based in WA – however all 50 states are represented, 36% of facilities are private practice or free standing clinics. Behavioral health, outpatient clinics, school-based care, and Applied Behavioral Analysis facilities were also heavily represented.
- Compacts: 5% of participants are from a state in licensing compact, majority of trainees were not aware whether or not they were part of a compact
- Health Care Professionals: Top 5 most common professionals included physical therapist, ARNP, RN, Mental Health Counselors, Speech-Language Pathologists. Physicians ranked #13, most common specialty was Family Medicine and Psychiatry
- Behavioral Health Training have 2800 participants registered on the self-paced online course. 3057 registrants for the live webinar series. Online training is accredited for 2 years, and webinar series is accredited for 1 contact hour for each session.

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## Questions and Discussion

- Survey does not include question as to whether the professional had the option to take telemedicine training within their own facility. This is to avoid confusion but also assumes that if the professional is taking the state supplied training, it is due to necessity.
- Challenges to implementing training? Providence requires training for anyone who provides telehealth, the tracking mechanism is challenges as MDs do not use the Providence learning environment. Anticipate having the training fully updated by May 1, and the medical groups are asking to have the attestations retained with them instead of the individual.
- Communications around training have been ok, but more work is needed particularly since there are companies charging for telemedicine training. Recommended groups to contact include Physical/Occupational Therapy Boards, Physician specialty groups such as Washington Academy of Family Physicians, Agency for Healthcare Education,
- For-Profit training companies are reaching out to members for approval of their training content – general guidance is to refer them to the law. Some of them have a certificate of training, whose authenticity is called into question. Collaborative members directed to direct them to Department of Health.
- Scope of Law and Medical Assistants: No major issues and current legislation may help clarify this further. One system (Seattle Children's) created a separate training for clinical support staff, who are facilitating the visit, but not offering clinical care. Ms. Drake, from the Dept of Health Medical Assistant program determined that Medical Assistants do not have to take the training because they are not providing clinical information, they are just there to run the technology. This has not been published, but depending on whether HB 1378 passes, this could have implications on whether training would be required.
- Billing and Reimbursement – state policy likely to further diverge from CMS. Item to discuss for future meetings

## Action Items

- Ms. LaGrone to follow up on continued communications
- Ms. LaGrone to follow up with Tracie Drake regarding whether Medical Assistants are included in training law
- Billing and Reimbursement – state and CMS policies likely to diverge. Flagged topic for future meetings.



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## **WA Telehealth Collaborative Issues in 2021**

Group Discussion and Vote [[1:03:24](#)]

Collaborative members asked to submit key items they think we should focus on in 2021. Chair also highlighted the BREE Collaborative, which is still developing its scope but will look into the appropriateness of telehealth.

### Top Three Responses:

- Explore licensure partnerships/compacts across state lines.
- Explore ways to enhance the primary care providers' telehealth skills. Same concept as the successful ECHO program, but focused. Opportunity for specialists to help primary care providers to maintain and grow their skills.
- Patient barriers and education – reluctance/awareness/resources.

### Other Responses:

- New Technologies (such as AI)
- Expanded CMS coverage beyond HPSA for Telemedicine
- Partnering with local and state broadband access
- Advocacy on the federal level for continued telehealth improvements
- Controlled substances policies
- Telemedicine for different practice roles (SLP, RD, MSW etc.)

### Discussion and Questions

- Regarding primary care provider education. Could expand the ECHO model (Extension for Community Health Outcomes) includes educational seminars focusing on different specialties. UW and Providence have these programs as well.

### Action Items

- Follow up with Amy Etzell on BREE Collaborative updates

## **Telemedicine Interstate Licensing Policy Updates – Federal**

Dr. John Scott, Chair [[1:04:19](#)]

### Presentation Summary

- Public Health Emergency has led to 46 states relaxing their licensing requirements for providers offering care in their states. Some states are beginning to explore making relaxations permanent (AZ and ID for example)

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- There are pros and cons of having individual state licensing for telemedicine. For example, states collect the licensing fees, but also it can lead to higher administrative costs and acts as a barrier to specialty care across states.
- Theoretical alternatives to individual state licensing include expansion of the Medical Licensing Compact, changing the definition of the originating site from patient to provider location, or increase adoption of telemedicine specific licenses.
- Current bills in Congress that touch on this issue:
  - Protecting Access to Post-Covid-19 Telehealth Act of 2021 (S.368 & H.R. 366) – would eliminate geographic and originating site restrictions for Medicare, makes the disaster waiver authority permanent allowing HHS to expand telehealth in future disasters. Avoids coverage parity and interstate licensing issues. Referred to House Energy & Commerce Committee.
  - Equal Access to Care Act (H.R. 688 & S. 155) proposes interstate licensing relaxations federally for the remainder of the public health emergency.
- House Energy & Commerce Commission held a hearing on telehealth. Main takeaways include:
  - Chair voiced concerns about fraud, overuse, and further fragmentation which were all addressed by the witnesses. Reflects emerging narrative in DC that fraud is easier to commit by telemedicine. However, advocates of telemedicine are trying to clarify the fraud is often related to phone-based fraud for unnecessary medical equipment and not within telemedicine visits themselves.
  - Witnesses included Stanford, Harvard, a health focused purchaser group, and the American Medical Association. Arguments were often physician centric.
  - Health systems focused on making licensure waivers permanent. AMA supports Interstate Licensure compact.

## Question & Discussion

- Some systems are struggling to identify and clarify in-person established patients vs. established telemedicine patients. One system uses a hybrid model Nurse Practitioner in person that can conduct an in-person physical exam while the provider is on the video call.
- Generally Collaborative members are supporting of interstate licensure in Washington State, regardless of what happens on a federal level.

## Wrap Up & Public Comment Period

[1:47:20]

- Denny Lordan of Providence announced his retirement. This was his last Collaborative meeting.
- Next meeting is on May 6, 10 am – 12 pm. Members and attendees invited to submit agenda topics to [nlagrone@uw.edu](mailto:nlagrone@uw.edu)
- Zoom meetings will continue for the foreseeable future.

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- NRTRC conference is coming up, April 21-22 online – information will be sent out over the listserv.

Meeting adjourned at 11:40 am

Next meeting: May 6, 2021 10 am – 12 pm  
Via Zoom.

DRAFT



## 2020-2021 Session Telemedicine Bill Summary

## Telemedicine

Bill # & short title	Summary	Status
<a href="#">HB 1196</a> , Audio-only telehealth (Riccelli)	<ul style="list-style-type: none"> <li>Requires reimbursement for audio-only telemedicine services.</li> <li>Expands the definition of telemedicine for purposes of hospital privileging to include audio-only telemedicine services.</li> <li>Requires the Insurance Commissioner to study and make recommendations regarding telemedicine</li> </ul>	Passed House 94-3
<a href="#">SSB 5423</a> , Concerning Telemedicine consultations (Rivers)	<ul style="list-style-type: none"> <li>Allows a licensed out-of-state practitioner to consult through telemedicine with a practitioner licensed in Washington State regarding the diagnosis or treatment of a patient within Washington State.</li> </ul>	Referred to House Health and Wellness Cmte
<a href="#">HB 1378</a> , Concerning the supervision of medical assistants (Ybarra)	<ul style="list-style-type: none"> <li>Allows medical assistants assisting with a telemedicine visit to be supervised through interactive audio and video telemedicine technology</li> </ul>	Referred to Senate Health and Long Term Care Cmte

## Broadband Access

Bill # & short title	Summary	Status
<a href="#">HB 1457</a> , Broadband/state highways (Wylie)	<p>Facilitating the installation of broadband facilities on limited access highways.</p> <ul style="list-style-type: none"> <li>Makes it the policy of the state that limited access highway rights-of-way be used to accommodate the deployment of broadband facilities as a critical part of the state's infrastructure.</li> <li>Requires the Washington State Department of Transportation (WSDOT) to adopt and maintain an agency policy to proactively provide broadband facility owners with information about planned highway projects to facilitate broadband installation cooperation.</li> <li>Requires the Joint Transportation Committee to oversee a consultant study to provide recommendations related to the WSDOT's role in broadband service expansion efforts, subject to appropriations.</li> </ul>	In House Rules Committee
<a href="#">HB 1336</a> , Public Broadband Act (Hansen)	<p>Creating and expanding unrestricted authority for public entities to provide telecommunications services to end users.</p> <ul style="list-style-type: none"> <li>Authorizes public utility districts, port districts, second-class cities, towns, and counties to provide retail telecommunications services.</li> </ul>	Passed House 60-37, onto Senate

<a href="#">HB 1263</a> , Rural infrastructure (Abbarno)	<ul style="list-style-type: none"> <li>Requires the Department of Commerce (Department) to establish a competitive grant program to award funding to eligible public and private entities located in rural counties for public facilities.</li> <li>Requires the Department to prioritize applications according to specified factors.</li> <li>Establishes additional procedures for applications requesting funding for broadband infrastructure, including a process for existing entities providing broadband service in the proposed project area to object to the proposed broadband project.</li> <li>Requires the Department to report on the rural infrastructure grant program to the Office of Financial Management and the Legislature.</li> <li>Modifies provisions related to the System Improvement Team (Team), including removing the Team expiration date and adding a Team reporting requirement to the Legislature.</li> </ul>	In House Rules Committee
<a href="#">SB 5175</a> , CERB (Nguyen)	<p>Concerning the authority of the community economic revitalization board.</p> <ul style="list-style-type: none"> <li>Establishes an appropriated loan and grant program for financing broadband infrastructure projects under the authority of the Community Economic Revitalization Board.</li> </ul>	Senate 2 <sup>nd</sup> Reading
<a href="#">SB 5357</a> , Broadband accelerator (Honeyford)	<p>Establishing and making appropriations for the capital broadband investment acceleration program.</p> <ul style="list-style-type: none"> <li>Creates the Broadband Investment Acceleration Program in the Statewide Broadband Office.</li> </ul>	Senate 2 <sup>nd</sup> Reading
<a href="#">SB 5383</a> , Public telecommunication services (Wellman)	<p>Authorizing public utility districts and port districts to provide retail telecommunications services in unserved areas under certain conditions.</p>	Senate 2 <sup>nd</sup> Reading

## Digital Equity

Bill # & short title	Summary	Status
<a href="#">HB 1460</a> , Digital Equity Act (Gregerson)	<p>Closing the digital divide by establishing excise taxes on telecommunications services to fund the expansion of the universal service programs in Washington.</p> <ul style="list-style-type: none"> <li>Establishes the Digital Equity Opportunity Grant Program and the Digital Equity Planning Grant Program.</li> <li>Creates the Digital Equity Forum</li> </ul> <p>Edits to bill: Narrowed to omit taxes and solely focus on creating a digital equity opportunity technology grants, digital equity planning grants, and a digital equity forum.</p>	In House Rules Committee
<a href="#">HB 1064</a> , Disclosure of broadband in	<p>Requiring the disclosure of high-speed internet access availability in the seller's disclosure statement.</p>	Passed House 96-0, referred to Senate

seller's disclosure (Eslick)	<ul style="list-style-type: none"> <li>Adds questions about Internet service to the seller disclosure statement for residential property.</li> </ul>	Committee on Business, Financial Services & Trade
<a href="#">SB 5242</a> , Media literacy & digital citizenship (Lias)	<p>Supporting media literacy and digital citizenship</p> <ul style="list-style-type: none"> <li>Requires the Office of the Superintendent of Public Instruction (OSPI) to establish a grant program for supporting media literacy and digital citizenship.</li> <li>Requires OSPI to convene two regional conferences on the subject of media literacy and digital citizenship.</li> <li>Mandates that at least one grant awarded in each award cycle must be for developing and utilizing a curriculum that contains a focus on synthetic media.</li> </ul>	Senate 2 <sup>nd</sup> Reading
<a href="#">HB 1365</a> , Keeping Students Connected (Gregerson)	<p>Procuring, and supporting the use of, appropriate computers and devices for public school students and instructional staff by levying a tax on wireless devices.</p> <ul style="list-style-type: none"> <li>Directs the educational service districts to establish: <ul style="list-style-type: none"> <li>(1) a procurement program for student learning devices and appropriate devices for school staff; and</li> <li>(2) a digital navigator program to provide technical assistance and other supports for students, students' families, and school staff. (edit to bill: Removed the digital navigator program at the ESDs and moved the responsibilities regarding digital navigation services to districts as a condition of and allowable use for grant funding)</li> </ul> </li> <li>Requires the Office of the Superintendent of Public Instruction to: <ul style="list-style-type: none"> <li>(1) establish a grant program to fund the purchase of student learning devices and appropriate devices for certain school staff; and (2) develop and implement a state plan for reducing technology equity gaps in the public schools.</li> <li>(Edits to bill: Expanded the allowable uses of OSPI grant funds to cover professional development and capacity-building to provide technical assistance within districts)</li> </ul> </li> <li>Directs the school districts, charter schools, and state-tribal compact schools to provide learning devices to each student and appropriate devices to certain staff, beginning in the 2022-23 school year; and provides that students will not be financially responsible for damage or loss to learning devices, unless the damage or loss was willful.</li> <li>Imposes a tax on retail sales of certain smart wireless devices, beginning October 1, 2021. (Edits to bill: removed)</li> </ul> <p>Edits to Bill Summary:</p> <ul style="list-style-type: none"> <li>Tax portion is completely removed</li> </ul>	In House Rules Committee

	<ul style="list-style-type: none"> <li>Expanded the allowable uses of OSPI grant funds to cover professional development and capacity-building to provide technical assistance within districts</li> <li>Removed the digital navigator program at the ESDs and moved the responsibilities regarding digital navigation services to districts as a condition of and allowable use for grant funding</li> </ul>	
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#### Non-Active Bills

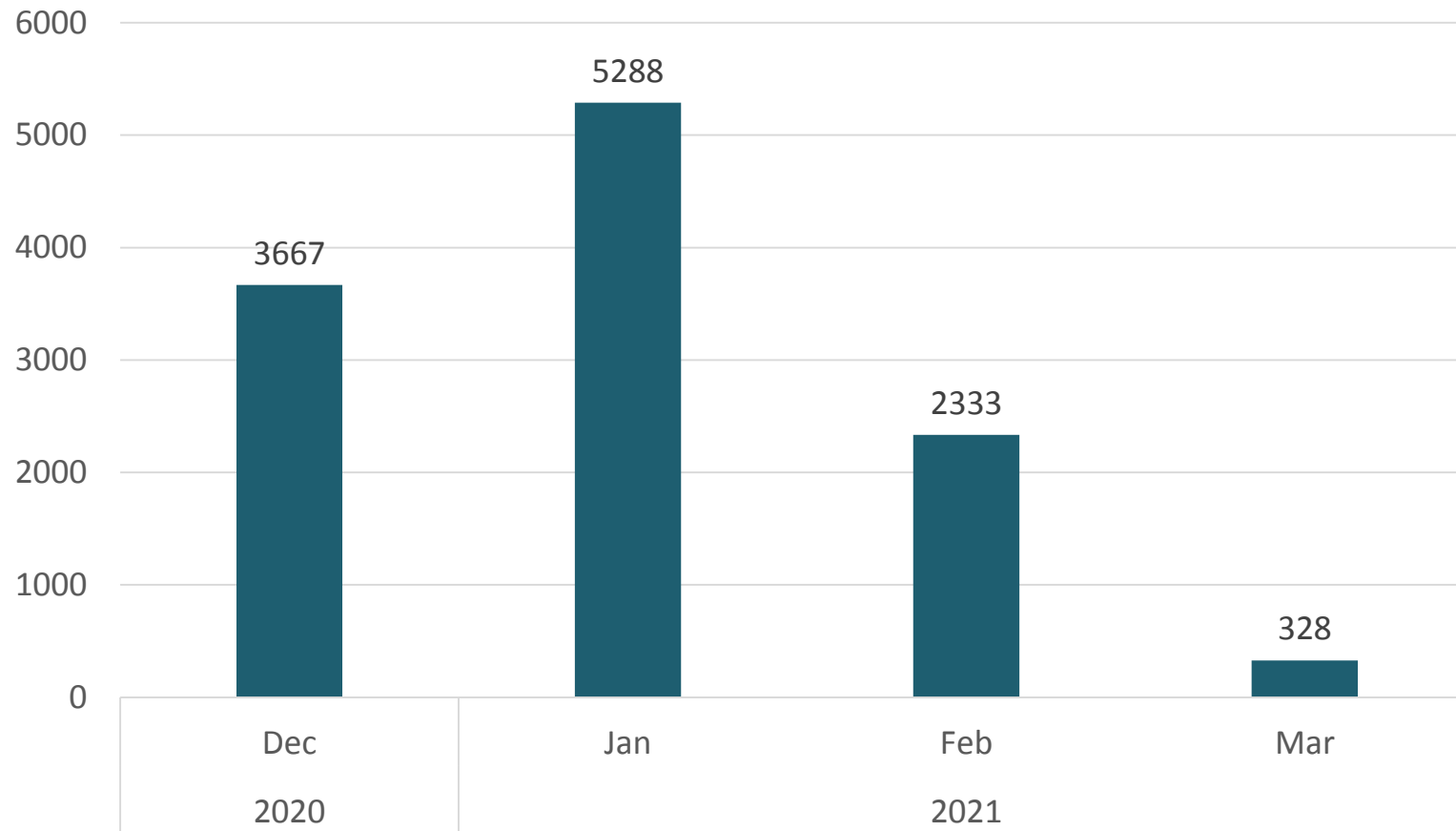
Bill # & short title	Summary	Status
<a href="#">HB 1462</a> (Rule)	<ul style="list-style-type: none"> <li>Concerning the total compensation for telemedicine services.</li> </ul>	N/A
<a href="#">SB 5247</a> Nurse Licensing Compact (Padden)	<ul style="list-style-type: none"> <li>Concerning the multistate nurse licensure compact.</li> </ul>	N/A

# WA Telemedicine Training Updates

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MARCH 4, 2021

# Number of Health Care Professionals Registered since Launch



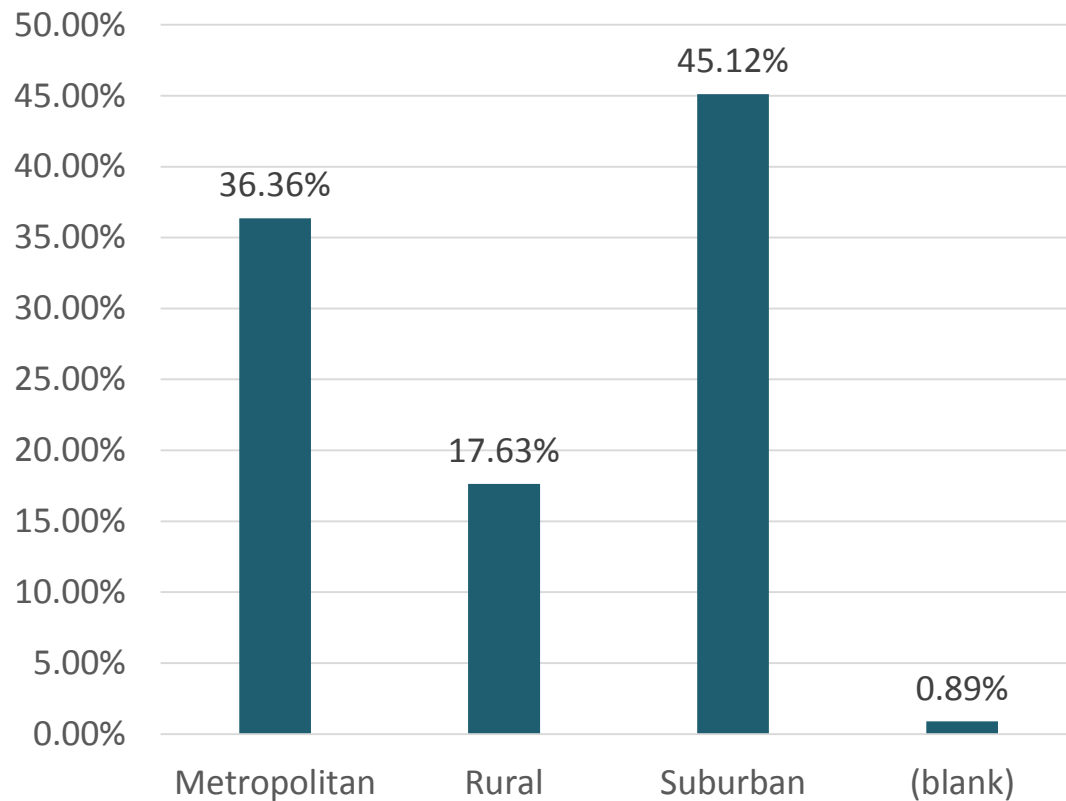
Total HCP Registered for Training: 11,616

Total Completed: 8,241

(As of March 3, 2021)



# Facility Location



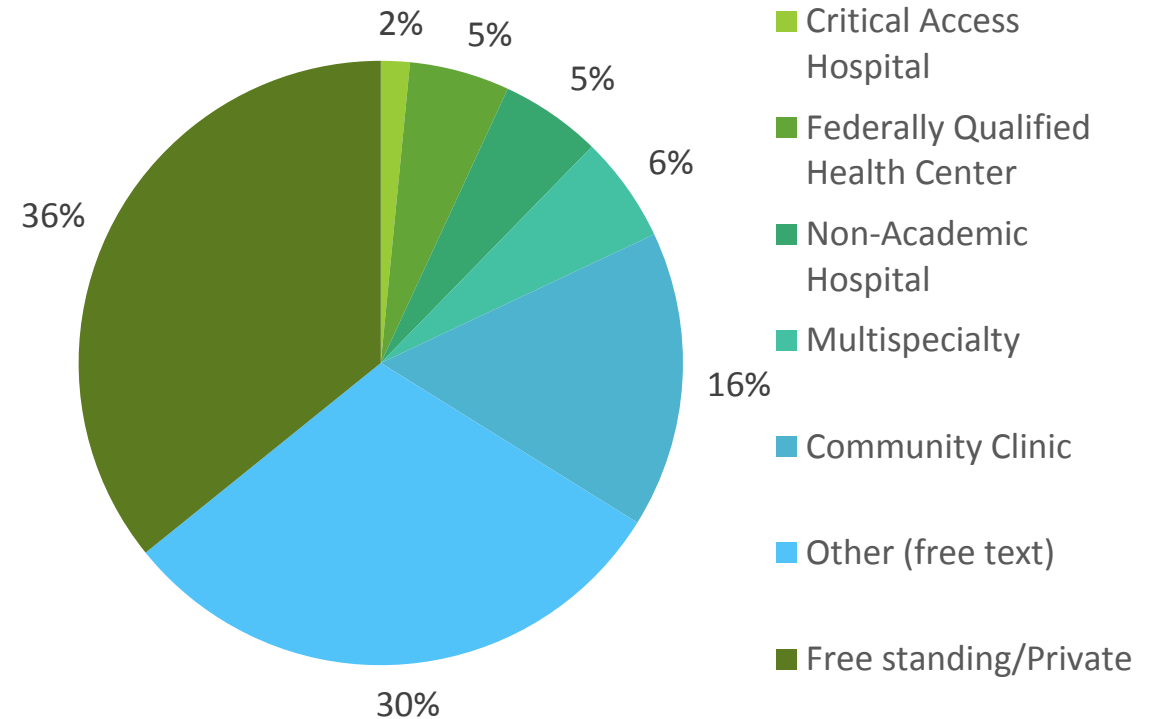
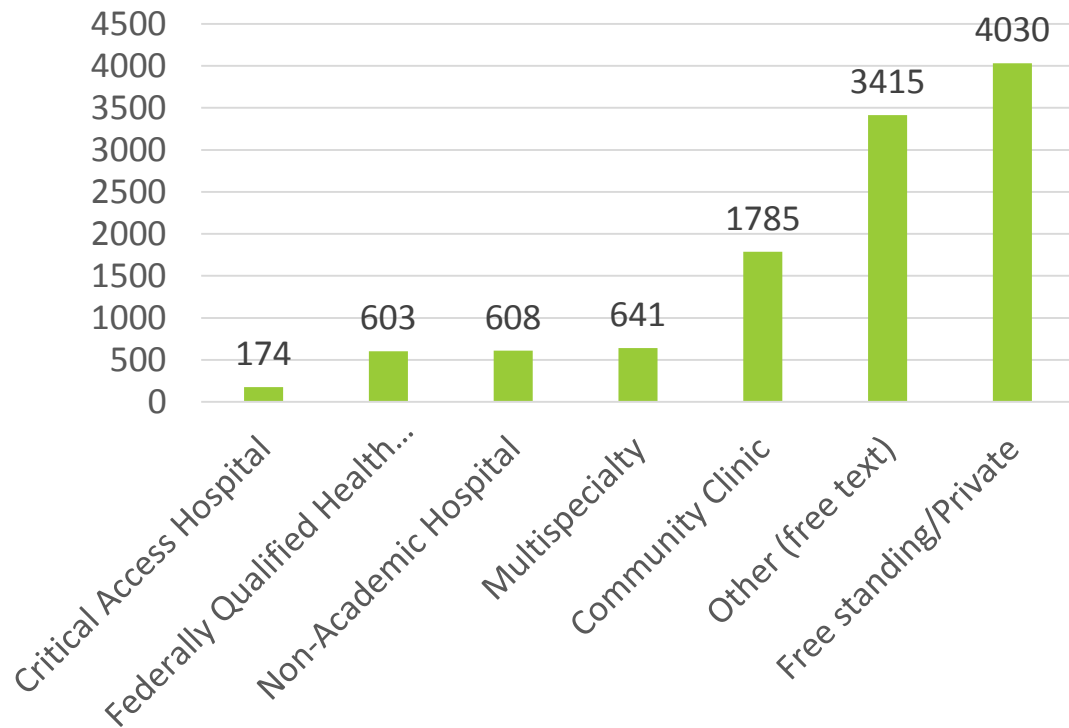
## Top 10 States Represented

Washington	10869
Oregon	297
California	94
Florida	29
Texas	28
Idaho	24
Arizona	16
Illinois	14
Alaska	13

5% are part of a licensing compact

# What type of facility do they Practice?

Number of Times a Facility Category Was Listed by a Trainee



# Responses to “Other”

## Most common words:

## Outpatient

Private

Mental/Behavioral

## Therapy

ABA



# Top 20 Health Care Providers Represented

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1. Physical Therapist
2. Advanced Registered Nurse Practitioner
3. Registered Nurse
4. Mental Health Counselor
5. Speech-Language Pathologist
6. Occupational Therapist
7. Social Worker
8. Psychologist
9. Physician Assistant (PA)
10. Dentist
11. Medical Assistant
12. Substance Use Disorder Professional
13. Physician (MD)
14. Marriage and Family Therapist
15. Agency Affiliated Counselor
16. Naturopathic Physician
17. Dietitian and Nutritionist
18. Mental Health Professional (other)
19. Certified Counselor
20. Pharmacist

# Of Physicians - Top Specialties Represented

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1. Family Medicine
2. Psychiatry
3. Pediatrics
4. Internal Medicine
5. Emergency Medicine

# Behavioral Health Training Updates

Cara Towle

- 2800 participants for the online
- 3057 registrants for the live webinar



# Challenges with State Training

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Continued confusion over who must complete training and documentation.

Technical issues with Canvas platform – issues with registering and confirmation emails

What challenges have members had with implementation?

# Telehealth Collaborative - Looking Ahead

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Given how much the telemedicine landscape has changed, what is your vision for the Collaborative this year and in the future? What areas do you feel need the most focus?

Examples from survey:

- Telemedicine platform partnerships with insurance companies
- Evolving new technologies will likely need new legislation (e-visits, digital careplan virtual interfaces, etc.)
- Ongoing legislative efforts around education minimums and practice requirements
- Value of telemedicine
- Exploration around state governance of telehealth regulations (think collaboration with DOH for minimum telehealth practice requirements)
- Partnering with local and state broadband coalitions to help conquer the digital divide