WashingtonState
TelehealthCollaborative

Meeting Minutes

July 17, 2023 | 10:00 am - 12:00 pm
Virtual Zoom Only Meeting

Member attendance					
Sen. Ron Muzzall	Y	Dr. Josh Frank	Y	Dr. Ricardo Jimenez	N
Sen. Annette Cleveland	N	Joelle Fathi	N	Dr. Geoff Jones	N
Rep. Marcus Riccelli	Y	Kathleen Daman	N	Scott Kennedy	Y
Rep. Joe Schmick	Y	Dr. Frances Gough	N	Mark Lo	Y
Dr. John Scott	Y	Lisa Woodley	Y	Heidi Brown	Y
Dr. Chris Cable	Y	Emily Stinson	Y	Adam Romney	Y
Jae Coleman	N	Sheryl Huchala	N	Cara Towle	Y
Stephanie Cowen	Y	Amy Pearson	Y	Lori Wakashige	Y

Non-Member Presenters: Courtney Epps (Premera), Stacia Fisher (Providence), Kai Neander (EvergreenHealth), Christopher Chen (HCA), Jodi Kunkel (HCA), Michele Radosevich (Davis Wright Tremaine), Fuki Hisama (UWMC & UWSOM), Nicki Perisho (NRTRC), Hanna Dinh Hsieh (UWM)

Public attendees *(alphabetical by first name)*:
Alesia Black (Clearwater Counseling), Alexa Silver (Washington Academy of Family Physicians and Behavioral Health), Alpana Banerjee (unknown), Aviva Blitz (PacificSource), Anna Sherles (ISP), Betty Jensen (unknown), Bradford Felker (VA Puget Sound), Brittainy Wittg-Valieva (FHCC), Cameron Long (WA Gov), Cara Carlton (MultiCare), Carrie Tellefson (Teladoc), Christina Owens (PLLC), Clark Hansen (ALS), Deanette James (unknown), Gail McGaffick (WSPMA), Hillary Norris (WSMA), Ian Goodhew (UWM) , Jaleen Johnson (NRTRC), Jean Tang (Association of Advanced Practice Psychiatric Nurses), Jeff Reitan (FHCC), Jim Freeburg (Patient Coalition of WA), Jordan See (Teladoc), Julia O'Connor (WA Council for Behavioral Health), Julie Hanson (Bluestone Psychological Services), Kara Shirley (Clinical Pharmacy Consultant LLC), Karen Salmon (Diligent Medical Billing), Katherine Mahoney (Virginia Mason), Kathy Li (UWM), Leslie Emerick (WA State Hospice and Palliative Care), Lisa Roche (Providence), Maia Thomas (DCYF ESIT), Marissa Ingalls (Coordinated Care), Marshall Bishop (Bird's Eye Medical), Marshall Glass (Boulder Care), Matt Landers (FHCC), Melissa Rieger (Craig Hospital), Mike Ellsworth (DOH), Nicki Perisho (NRTRC), Nicole Pauly (Mindful Therapy Group), Patrick Hastings (Bird's Eye Medical), Rachel Abramson (UWM), Remy Kerr (WSHA), Sarah Huling (unknown), Sarah Koca (CHPW/CHNW), Scott Sigmon (unknown), Sean Graham (WSMA), Seth Greiner (National MS Society), Stephen Reichard (unknown), Tammie Perreault (WA Department of Defense), Thalia Cronin (CHPW), Troy Di Lello (NVelUp Telehealth).

Meeting began at 10:00 am

Welcome and Attendance

Dr. John Scott [0:00]

Review of Meeting Minutes - April 17, 2023

Dr. John Scott [4:13]

Dr. Scott (Chair) reviews minutes. Rep. Schmick (R-9) motioned to approve minutes. Lisa Woodley (WSHIMA) seconded. Unanimously approved as submitted.

Action Item:

- Mrs. Dinh Hsieh (Collaborative Program Manager) to post approved April 2023 notes on WSTC website

New Members to the Collaborative

Hanna Dinh Hsieh and Dr. John Scott (UWM) [8:12]

Each of the three Collaborative member candidates introduced themselves and shared their experiences. Their biographies were shared with the group as shown below. Voting on accepting them as Collaborative members occurred as follows:

- **Stacia Fisher, Director – Behavioral Health for Virtual Care & Digital Health (Providence)**
  - I have over 20 years of experience in healthcare and currently serve as the Director of the Telepsychiatry program in Providence's Virtual Care and Digital Health Department. This role requires me to stay abreast of Telehealth best practice, legal and regulatory changes in multiple states as well as federal changes. My experience includes leading Providence's Behavioral Health Concierge program an internal virtual Employee Assistance Program that provides mental health care to Providence employees, their family members, and Providence Health Plan members in an 8-state area. Before moving to Providence's Virtual Care and Digital Health Team I was a manager for Swedish's Case Management Department and oversaw Emergency Department Social Work for 6 Emergency Departments in the Swedish system. In that role I was involved in building our first internal Tele-social work program with Kathleen Daman leveraging existing staff to cover multiple locations particularly on the night shift. In 2014 I also assumed responsibility for Swedish's School Based Mental Health program and over 5 years I grew the program from 1 school to 23 schools in 3 school districts. I maintained contracts and relationships with representatives from each district and worked closely with the National School Based Health Alliance. In addition to my employment experience, I have volunteered for several years as a board member in professional organizations including the American Case Management Association (ACMA WA Chapter President 2015-2017, National Board Member at Large 2017-2019 and the Society for Social

Work Leadership In Healthcare (SSWLHC WA – past Treasurer) and am a current member of the American Telemedicine Association. In my prior board role with ACMA I had an opportunity to participate in public policy and advocacy work including drafting position statements and visiting lawmakers in Washington DC to provide firsthand accounts of how policies were impacting patients. I am looking forward to the opportunity to serve with the Washington DOH Telehealth Collaborative!

- There was a unanimous vote from the Collaborative to accept Stacia as one of the Collaborative members.

- **Kai Neander, Director – Digital & Virtual Health (EvergreenHealth)**
  - I currently serve as the Director of Digital & Virtual Health and Interim Director of Legislative Affairs for EvergreenHealth a public two hospital system in King & Snohomish counties. In this capacity I lead our organization's telemedicine & digital health efforts generally overseeing the patient portal, virtual care, and ensuring that we use technology to better serve our community. I currently sit on the City of Seattle's Technology Advisory Board Digital Equity & Inclusion Committee and have participated in both Epic & WSHA's telehealth workgroups. Prior to moving to Washington to work on the Providence Telehealth team with Collaborative Members Kathleen Daman & Denny Lordan I led the George Washington University Medical Center's Innovative Practice Section. I that capacity I led multispecialty emergent telemedical care delivery to hundreds of remote and austere locations around the world including FQHCs, Rural & Carceral Health Clinics, maritime vessels, aircraft, and military, diplomatic, & research bases on every continent. Through this work I have seen firsthand the impact that telehealth can have to increase access, improve quality, and lower costs. I have greatly enjoyed attending Telehealth Collaborative meetings for the past three years and look forward to potentially increasing my involvement.
  - There was a unanimous vote from the Collaborative to accept Kai as one of the Collaborative members.

- **Courtney Epps, Manager – Provider Network Management & Solutions (Premera)**
  - Before joining Premera as the Manager of Ancillary Contracting in January, I spent 6 years with Optum, specializing in behavioral health. I had the privilege in the assisting in the implementation of national virtual care, which stands as one of my most notable accomplishments. Through this initiative, we successfully navigated the complexities of integrating telehealth services into the behavioral health landscape, ensuring seamless access to care for individuals across the country. This experience has solidified my belief in the transformative power of telehealth and its potential to revolutionize the future of healthcare. I am passionate about leveraging technology to break down barriers to care, enhance patient experiences, and improve health outcomes. I am dedicated to championing telehealth initiatives and continuing to drive advancements in this field to positively impact the lives of individuals seeking behavioral health support. I am excited to join likeminded individuals of the Washington State Telehealth Collaborative!

- There was a unanimous vote from the Collaborative to accept Courtney as one of the Collaborative members.

Action Item

- Mrs. Dinh Hsieh (Collaborative Program Manager) to update Collaborative membership roster

Patient Representative on the Collaborative

Dr. John Scott [18:56]

- Rep. Schmick (R-9) motioned to add a patient representative on the Collaborative as a voting member. Dr. Scott Kennedy (Olympic Medical Center) seconded. Discussion below. Unanimously approved as submitted.

Questions/Discussion:

- What will be the process to selecting the patient representative on the Collaborative?
  - There needs to be a majority vote from the Collaborative to have a patient representative as a voting member first. Then, patient representative nominations will be open for anyone to submit. At the September 11 Collaborative meeting, the Collaborative members will vote on who the patient representative will be after reviewing their biographies, similar to the process today with voting on the three new members of the Collaborative. There is no term defined for this patient representative. There will be a natural turnover of this patient representative where nominations will be open again to find a new individual to serve in this role.
- Rep. Riccelli and Dr. Mark Lo (Seattle Children's) share their support for a patient representative on the Collaborative.
  - Dr. Mark Lo (Seattle Children's) adds that a lot of the telehealth for pediatric populations is patient representation by proxy. This means that a parent or guardian is representing the child or patient and their best interests. He shares that this could be one consideration as we select who the patient representative will be on the Collaborative, if they are a proxy for a patient.
- Dr. John Scott adds that the hope of the Collaborative is to be as non-biased and non-commercial as possible.

Action Item:

- Collaborative members and the public to fill out the Google form on patient representative nominations by August 31. Self nominations are accepted: https://forms.gle/tZRWqFyuNLnmWbgf6

State/Federal Updates

Hanna Dinh Hsieh and John Scott (UWM) [24:50]

- The Drug Enforcement Administration extended telemedicine flexibilities for virtual prescribing of controlled substances until November 11, 2023.
    - If a patient and a practitioner have established a telemedicine relationship on or before November 11, 2023, the same telemedicine flexibilities that have governed the relationship to that point are permitted until November 11, 2024
    - See official rule here.
- The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act is reintroduced to expand opportunities and coverage for telehealth through Medicare on a permanent basis, enhance oversight, and support health care providers and beneficiaries in utilizing telehealth
    - See press release here.
- The National AI Commission Act would create a national commission to focus on the question of regulating Artificial Intelligence (AI).
    - The bipartisan, blue-ribbon commission will review the U.S.' current approach to AI regulation, make recommendations on any new office or governmental structure that may be necessary, and develop a risk-based framework for AI
    - The Medicare Payment Advisory Commission (MedPAC) released its 2023 report to Congress, entitled "Medicare and the Health Care Delivery System", where it made numerous recommendations, including returning to the pre-pandemic lower facility rate requirement for telehealth services.
    - Executive summary available here.
- U.S. Department of Health and Human Services Office of the Inspector General (OIG) released a federal toolkit to help healthcare stakeholders analyze their telehealth claims data to assess program integrity risks associated with telehealth-related billing.
- CMS Medicaid has a Telehealth webpage that includes several resources for states.

Questions/Discussion:

- Dr. John Scott comments that the CONNECT Act is a bill that Senator Brian Schatz from Hawaii introduced. There is really good bipartisan support with over 50 Senators who co-signed this bill.
    - This bill would remove some of the geographic restrictions for telehealth.
    - There is also a companion bill introduced in the House, which is working its way through in Capitol Hill in Washington, D.C.
- Dr. John Scott shares that for a long time, Medicare has paid a parity as in-person and there was language in the MedPAC report that questioned whether this needs to be continued. This could be a potential funding issue if this were to happen.
- Does the CONNECT Act address the established relationship without an in-person visit?

  - Jordan See (Teladoc) responds that the bill does not require an in-person requirement or speak to an "established relationship". The bill would repeal the need for an in-person visit every 6 months for tele-mental health.
- Rep. Riccelli suggests inviting the U.S. Senator's office or Congressional office to provide a staff member at one of the Collaborative meetings to give an update on more details of the CONNECT Act and other telehealth legislations. He would be happy to serve as a conduit.

Action Item:

- Dr. John Scott to follow up with Rep. Riccelli regarding connecting to the U.S. Senator's office or Congressional office for a potential speaker at a Collaborative meeting.

Medicaid Telehealth Rules

Dr. Christopher Chen and Jodi Kunkel (HCA) [32:15]

The state's largest health care purchaser

- We purchase health care for more than 2.5 million Washington residents through:
  - Apple Health (Medicaid)
  - The Public Employees Benefits Board (PEBB) Program
  - The School Employees Benefits Board (SEBB) Program

Apple Health (Medicaid) Managed care in Washington

- Over 2 million Washingtonians are enrolled in Apple Health. About 85% of them are enrolled in managed care.

Apple health pre-pandemic state

- Broadly flexible policy applicable to **many types of services and providers in different settings**
- **Telemedicine payment parity** in place since 2018
- **Regular engagement** with partners and community

Pandemic telehealth support

- **Policy updates** to support access and continuity-of-care during crisis
- **Direct support** for providers and patients
  - Zoom licenses
  - Laptops
  - Phones
- Collaboration with **partners in telehealth**

Current HCA telehealth activities

- Coverage:
  - Real time audio visual

  - Audio only services
  - eConsults
  - Remote patient monitoring
  - Store and forward video
  - Patient portal visits
  - Remote check ins
- Partnership
- Evaluation (including HB 1196)

Behavioral Health

- HCA serves as both a Medicaid agency and a Behavioral Health Administration, and uses a complex blend of Medicaid, state only dollars, block grants, and other funding streams to pay for BH services
- Many different provider types deliver BH services, including but not limited to:
  - Health systems
  - Facilities including Psych Hospitals and RTFs
  - Independent Clinics/Clinicians
  - Behavioral Health Agencies
  - Tribal Providers
  - FQHCs
  - Other direct service organizations
- HCA has worked to align telehealth policy across physical and behavioral health as much as possible, recognizing that integration is critical

Where can I find HCA Apple Health telehealth policies?

- Telemedicine billing guide is the **primary source for telehealth policies**
- **Program specific information** can be found in the relevant program billing guide (e.g., obstetrical care in the Physician's billing guide)
- **Behavioral health** telehealth policies:
- If you are a licensed **Behavioral Health Agency** (BHA):
- For MCO contracted services: Service Encounter Reporting Instructions (SERI) guide
- For HCA Fee-for-Service: Mental Health Billing Guide part 2 and/or the SUD Billing Guide
- If you are a **primary care clinic or an independent practitioner,** see Mental Health Billing Guide part 1 (for both MCO contracted services and HCA Fee-for-Service)

Questions/Discussion:

- The HCA provided access to devices and software. Is this a one-time effort or is this still available for both patients and providers to take advantage of?
  - The hardware and devices was a one-time effort given the funds that were made available during the COVID-19 pandemic. However, all of the managed care organizations in the state offer cell phone programs. Additionally, many folks who are eligible for Medicaid

can get cell service and devices through a program called Lifeline. Dr. Chen will follow up on the current status of the Zoom license program.

- Heidi Brown (Providence) shares that in 2019, CMS released some codes for interprofessional consultation. What they're finding in the billing guide for Washington State Medicaid is that there are some codes released by CMS that are not recognized in the fee schedule. Examples include the 99451 and 99452 eConsult codes. Is interprofessional consultation (consultation between two physicians; the patient is not involved) counted as telehealth for Washington?
    - During the COVID-19 pandemic, HCA provided much information on the COVID-19 fee schedule and billing guide, which is published at this link.
    - Heidi Brown (Providence) adds that from the Medicaid billing guide, the 99451 code is being recognized as home health and not for eConsults. Dr. Chen responds that he will check on this and follow up with Heidi.
- To Dr. Chen and Jodi: Are there any requests for the Collaborative (e.g. future meeting topics and discussion, etc.) that would be helpful for the HCA?
    - Ongoing feedback on how the HCA policies are working for Medicaid, how the HCA can support providers and clients, including understanding their needs, issues, and how telemedicine can be more effective would be helpful.
- Dr. John Scott shares that at the September 11th Collaborative meeting, there will be an update and report on the House Bill 1196: cost impact of audio-only telemedicine study.

Action Items

- If the Collaborative members have any further questions, reach out to Dr. Christopher Chen at christopher.chen@hca.wa.gov or Jodi Kunkel at jodi.kunkel@hca.wa.gov.

Uniform Telehealth Bill

Michele Radosevich (Davis Wright Tremaine LLP) [50:20]

What is the ULC?

- Commissioners are volunteer attorneys appointed by each state.
- In Washington, there are seven commissioners appointed by the Governor
- Funded by state appropriations (~75%), royalties (~15%), and grants (~10%)
- The ULC drafts legislation on topics where uniformity among the states is desirable and practical
- Drafting meetings are open to any interested party – get involved!

Benefits of Uniform Acts

- Facilitate the flow of commercial transactions across state lines
- Resolve conflict of laws problems
- Provide reciprocity of rights and remedies between the states and their residents
- Fill emergent legal needs
- Modernize antiquated legal concepts

- Codify enhanced common law concepts

Washington Commissioners

- Marlin Appelwick
- Karen Boxx
- Kathleen Buchli
- Dennis Copper
- Senator Jamie Pedersen
- Michele Radosevich
- Anita Ramasastry

History of the Uniform Telehealth Act

- Committee to Monitor Health Law recommended the topic of **Telehealth** in 2018
- Study Committee on Telehealth met throughout 2019-2020
- Recommended the topic be pursued as a uniform law
- Drafting Committee on Telehealth met throughout 2020-2022
- This committee included state commissioner and many stakeholders, including the American Medical Association, the Federation of State Medical Boards, various nursing organizations, the Federal Trade Commission, the US Department of Health and Human Services, the American Telehealth Association, and various telehealth companies
- Approval by ULC and publication of the Uniform Telehealth Act in 2022

Three ways to improve access:

- The overall goal of the Uniform Telehealth Act is to improve access to quality health care through the greater user of telehealth
- Remove state law barriers to specific technologies and allow for the evolution of telehealth as technologies change. The Act does this by allowing practitioners to use telehealth without restrictions so long as they meet the standard of care.
- Expand the number of practitioners allowed to treat patients via telehealth. The Act does this by creating a registry system to supplement full licensure through interstate compacts.
- Expand the situations in which telehealth may be used without the practitioner needing to be registered or licensed. The Act does this by creating specific exceptions to licensure for continuing care and for second opinions.

There is a broad authorization to use telehealth

- The Act allows practitioners to use telehealth without restrictions so long as they meet the standard of care
- Applies to patients located in Washington. Does not apply to services rendered by Washington licensees to patients in other states.
- Applies regardless of location of practitioner. Could both be in state.
- Practitioner-patient relationship can be formed via telehealth.

- No restrictions on technology but still must meet standard of care. Therefore, if lab tests are necessary, patient will need to go to lab and practitioner will need to evaluate test results, whether or not practitioner and patient are ever in the same room.
- Practitioners are limited to their authorized scope of practice in Washington.
- Practitioners are limited by federal law and the law of Washington.

The Act creates a registry system to supplement full licensure and interstate compacts

- Modeled after existing systems in Florida and Arizona
- Requires a practitioner to be licensed and in good standing in another state.
- Boards and Commissions have no ability to deny registration if there is no disciplinary history. There is no need for investigation as the system relies on the other state of licensure.
- No continuing education requirements.
- Registration is limited to telehealth. Registrants cannot treat patients in person.
- Registrants are subject to discipline in the registry state.
- Must pay registration fee to cover costs of discipline and additional staff capacity.

The Act creates specific exceptions to licensure for continuing care and second opinions

- Washington already has an exception for continuing care, but most states do not.
- The exception for second opinions is common sense. If a practitioner goes on to actually treat rather than diagnose, then licensure or registration is necessary.

The importance of uniformity

- Expanded access and choice for patients in Washington. If Washington adopts the Act, patients in rural parts of the state and patients anywhere who have limited mobility will find it much easier to obtain quality health care. Patients in SW Washington can get telehealth appointments with Portland practitioners.
- Expanded markets for Washington based practitioners. Idaho recently authorized mental health practitioners from other states to provide care to Idaho patients via telehealth. If Idaho adopts the Uniform Telehealth Act, many Washington practitioners would be able to provide care.
- Easier for practitioners to become authorized with the same procedure in each state.
- Does not authorize the provision of care that is otherwise prohibited by law. No bearing on abortion, conversion therapy, opioid prescribing.

Questions/Discussion:

- Since this Act was modeled on Florida and Arizona, did the 2 states pass this?
    - Yes, contact was made with the Florida administrator who is responsible for the registry system and she claims that there has been great success. There has been an expansion in the number of mental health care providers and an expansion specifically with specialty care providers. Currently, there have been no disciplinary problems in Florida.

- There was concern that this Act would reinforce "cherry picking". One of the stated goals of this Act is to improve access, but there might be folks who don't take Medicaid or don't take uninsured patients. What reactions do you have to this concern?
    - This Act is about general authorization and does not address reimbursement. Medicaid and Medicare have their own rules, which providers will need to abide by. Also, the national telehealth providers are often working with private employers to provide health care. In some senses, this might be "cherry picking", but only in the sense to address the acute conditions (e.g. urinary tract infections, colds, etc.). There is room for specialty care provisions, including patients having the ability to go to a provider who's nationally-recognized in Seattle even though the patient lives out of Washington state. There is the opportunity to put together a national network of providers and that most likely the chief beneficiaries will be the specialty care providers, especially with the high need for more mental and behavioral health providers.
- If Washington were to enact this legislation, would it allow non-Washington providers to sign up for this registry? If a provider wants to see patients in other states, would signing up for this registry permit this?
    - Providers would need to register in other states to see patients in those desired states. If Washington adopts this Act, the legislation only applies to Washington patients. With the Act itself, providers are not allowed to see patients in other states. However, the more that states enact this legislation, the more effective the registry system will be in reaching out to care wherever it is necessary.
- How does this Act overlap with the Federation of State Medical Boards' (FSMB) interstate medical licensure compact?
    - There is awareness of this existing licensure compact not only from FSMB, but also for nursing and psychology. However, they are not always easy to comply with. There have been complaints with the medical compact regarding the long length of time to become qualified under it. This Act would provide a faster and easier route, but this is not the same as full licensure because all providers can do is telehealth. If providers qualify under the compacts, providers are fully licensed to set up an office in the state and treat patients.
- There is concern that local providers may be replaced by providers who can only do telemedicine. There is also concern about balancing between access and patient safety. We make the process easier for providers, but are we adequately taking into consideration patient safety?
    - These seem to be long-term concerns, but there are also some short-term concerns that do need telehealth or telehealth can be used to address them. There's an understanding that it's worth expanding telehealth to address those needs. If there are providers who are not adequately providing telehealth care for patients, there is a disciplinary process involved in this Act. We need to be vigilant to make sure that healthcare continues to be provided on a quality basis. One of the big issues in the rural areas of Washington is the lack of access to specialty care and telehealth would help alleviate this to minimize

patients driving long distances to receive type of care. There is more potential than risk, but risks have to be guarded against.

- Do providers register for the program and they do not need licensure or do they still need to apply for licensure?
    - If an out-of-state provider comes to Washington and registers, they do not need a license. Registration allows providers to treat via telehealth, but does not allow them to see patients in Washington in person.
- Is there a website with additional information on this Act?
    - The website to learn more is located here: https://www.uniformlaws.org/committees/community-home?CommunityKey=2348c20a-b645-4302-aa5d-9ebf239055bf
- From the Washington State Medical Association (WSMA) perspective, there could be some benefits to adding more definition to what constitutes appropriate tele-healthcare delivery in the Washington state statutes pertaining to the practice of medicine. There is a robust telehealth policy framework in the state statutes where there would need to be some reconciliation with what is proposed in this Act to prevent any misalignments.
    - There is also concern with the registration system where it's not clear how the process of making sure providers can provide safe high quality care can be skirted while maintaining appropriate patient protections. It presents some contradiction where we're setting telehealth as an equivalent means of care delivery, but at the same time, implying that patients are not entitled to the same vetting process for providers.
    - The Uniform Act directs that a provider-patient relationship can be established through all forms of telemedicine to include modalities like audio-only as well as store and forward. This would create some conflict with existing state law. WSMA believes that telemedicine is most valuable when augmenting vs. replacing in-person care.
    - Section 6 of the Act authorizes out-of-state providers who are not licensed in Washington state to provide services to Washington state patients under certain circumstances, specifically when it's done in consultation with a provider who has an established relationship with the patient. The medical commission has some policies in place that allow for some exceptions to the requirement for state licensure. However, the distinction of providing the services to patients by an unlicensed, out-of-state provider is a concern.
- Are any of the Washington pharmacy organizations engaged to date in support of the legislation? Pharmacists are recognized as telehealth providers in Washington state. With the Florida and Arizona registries, consultant pharmacists are included. So, this is dependent by state. Each state doesn't necessarily parse out a pharmacy license in dispensing vs. license as a clinician. Washington is one of the states where individuals can have a pharmacy license, but there is no license to have a pharmacy that does not dispense. In Oregon, individuals can have a drugless pharmacy license.
    - The National Association for pharmacists did attend some of the meetings in regards to the Uniform Telehealth Act, but there have not been any touchpoints with pharmacy

organizations in Washington State. Michele welcomes future connections with state pharmacy organizations.

- Has the Department of Health been engaged regarding their objections to the compacts? This is mostly around the challenges of managing the necessary disciplinary actions as mentioned in this Act.
    - Dr. John Scott clarifies that this would be the Washington Medical Commission who would handle the disciplinary actions.
    - There is an authorization for discipline in the Act.
- Physicians are included in this registry, but are there other types of health professionals who are also included in the registry? If so, how would this work?
    - This has been intentionally left open for states to fill in – this is a state legislative decision. With Florida and Arizona, there is a wide range of providers authorized to use telehealth.
    - There is positive support in favor of this legislation, especially for families. There is a considerable local provider shortage in the state, especially in the rural areas. Telehealth was significantly used to help conduct home visits with the infants and toddlers with disabilities. This occurs when there isn't an occupational therapist available in some rural counties or there are not enough speech therapists.
    - The ability to go out of state to find additional therapists for these children would be very beneficial. What agencies have done is started contracting with for-profit telehealth companies who spend the time and money to get their providers around the U.S. licensed in various states.
- Does the FSMB have an opinion/stand on this proposed legislation and how this might be skirting the interstate licensure compact?
    - Reviewing FSMB's website would be a good reference. They articulate their position on these issues, but do not take a stand on the Uniform Telehealth Act.

Action Items

- If the Collaborative members have any further questions, reach out to Michele Radosevich at MicheleRadosevich@DWT.COM

Genetic Counseling via Telemedicine

Dr. Fuki Hisama (UWMC & UWSOM) [1:29:46]

UW Genetic Medicine Clinic founded in 1959

- This is the largest adult genetic medicine clinic in the U.S.
- The clinic was founded in 1959, which was only a few years after the landmark discovery of the double helix structure of DNA by Watson and Crick.
- UW Medicine is the first hospital in the U.S. to have a clinic devoted to genetic medicine.

Human genomes are 99.9% identical, but the 0.1% Difference contributes to human genetic diseases

- Genetic medicine

- Improving health through genetics and genomics
- More than 7,000 human genetic diseases have been discovered

Genetics Clinicians

- MD geneticist
  - 4 years of medical school
  - 3-4 years of Peds, Medicine, OB-GYN, etc.
  - 2 years of Medical Genetics training
  - 10+ years of education
  - 5 national cert exams
  - MD with dual board certification
- Genetic counselor
  - 18-24 months grad school
  - WA state Chapter 18.290 RCW
  - Requires collaborative agreement with MD
  - Cannot examine, diagnose, prescribe or treat
  - 1 national cert exam
  - MS with certification in Genetic counseling
  - Not recognized by CMS as health care providers

Genetics Across the Life Span

- Here are the kinds of patients seen in genetics:
  - Newborn screening: 0
  - Development delay: 3 years old
  - Prenatal screening: 25 years old
  - Breast cancer: 49 years old
  - Ovarian cancer: 60 years old
- Geneticists see patients of all ages, with problems in any or multiple organ systems

Precision Medicine

- Potential to improve diagnosis and treatment for rare and common heritable diseases

Examples of Precision Medicine

- FDA approves new breakthrough therapy for cystic fibrosis
  - Treatment approved for approximately 90% of patients with cystic fibrosis, many of whom had no approved therapeutic options (2019)
- FDA approves Olaparib for gBRCAm metastatic pancreatic adenocarcinoma (2019)
- Source: FDA.gov

Genetic Testing in Cancer Patients is Underutilized

- There are patients who have a diagnosis of certain types of cancer. There are National guidelines as to who of these cancer patients should undergo genetic testing for inherited cause.
- A recent study came out on July 3rd from the Journal of the American Medical Association (JAMA) where over 1 million patients were studied.
    - Male breast cancer, a woman with ovarian cancer, as well as a men or women with pancreatic cancer are just three cancer indications where the national recommendation would be that 100% of these patients undergo genetic testing for hereditary cause to inform appropriate care and treatment.
    - However, what is observed is that 50% down to almost 20% of patients who are receiving genetic testing is indicated.
    - There are health disparities by race and ethnicity. Within the same data set, for Non-Hispanic white patients who were offered genetic testing for standard indications, there is a higher proportion of white patients who are receiving genetic testing compared to Black, Hispanic, or Asian patients.

MD Geneticists by State

- WA state: There are 41 geneticists or 5.3 geneticists per 1 million people

Washington's Genetics Clinics

- 25 counties have no services
- 7 counties have limited services
- Telehealth can improve access to genetics

During COVID-19, we implemented telehealth clinic visits

- Pre-pandemic: all visits were in person
- During PHE: telehealth increases access
- Reduces COST in travel time/expense/time off from work
- Visits are more efficient (no rooming, vital signs)
- We changed from blood to saliva as source of DNA with at home collection/mailing
- Post visit: results via MyChart and follow-up by telemedicine

Medical genetics clinical care is ideal for telehealth visits

- We are a cognitive specialty (few procedures, no special equipment)
- We can do an observational exam by video
- We can collect saliva/cheek swabs by mail for DNA
- We are not available in rural areas
- Currently, 90% of our visits are telehealth
- Throughout COVID, we offered in-person visits when medically necessary

How can your commission help?

- Preserve telehealth access to genetics services by board-certified MDs and genetic counselors in Washington state by advocating for reimbursement at parity with in-person visits

Questions/Discussion:

- Is a genetic counselor able to bill for services in Washington or does it have to be concurrent with a medical geneticist?
    - Genetic counselors are not allowed to bill for Medicare patients. However in Washington, there is a special provision that genetic counselors can bill for prenatal services without a physician also seeing the same patient.
    - For most of the patients seen for genetic counseling, if their insurance covers the 96040 billing code, then they can see a genetic counselor who can bill a professional fee – this is dependent on the insurance plan.
    - If the insurers do not allow billing of the 96040 code, then patients would need to see a physician.
- What were some of the issues and concerns when the bill was introduced?
    - There is concern about the diversity in clinical trials and providing access to folks for these services.
    - There are also privacy issues in regards to the genetic testing results. There is general unease with genetic information, most likely and largely more connected with folks doing history of family lineage and the like.
        - There is federal legislation that was passed during the administration of George Bush called the Genetic Information Non-Discrimination Act, which protects employment and health insurance against discrimination based on genetic information including genetic test results.
        - Genetic information that is ordered and that goes into a patient's health record is protected by HIPAA and the same protections that are afforded patients for any other type of medical information, including notes, pathology, imaging, etc.
        - Genetics is the same as in the medical setting as any other protected patient information.
        - Most of these privacy concerns come from direct-to-consumer genetic testing where folks send in their DNA to learn about their ancestry; not likely from genetic testing in the hospital/clinic setting to determine genetic diagnosis and treatment.
    - Representative Schmick asked if this was a mandated coverage bill where carriers are to pay for this service when they originally did not.
- With telehealth, is there any disparity in the results from saliva vs. blood regarding accuracy or the desired information that needs to be gathered?
    - There is no difference in the accuracy meaning the result will be the same from a blood sample vs. a saliva sample. The difficulties with saliva collection is on the patient side where they do not write their name on the tube and the lab will reject the sample. The sample has to match the patient.

- Saliva collection is also challenging because since there's less concentration of DNA in the saliva compared to in the blood, the lab can indicate a sample fail. There needs to be enough DNA and high quality DNA in the saliva to do adequate testing.
- If the saliva sample is rejected, the collection process can be redone.
- For a few patients, saliva collection will not suffice due to technical reasons such as having a stem cell transplant. In this case, a blood draw can be arranged or the patient would have to come into a UW Medicine facility or piggyback off of a visit to one of the UW Medicine medical centers.
- There is more work regarding having to send out the kits to the patients and following up on samples vs. the patient coming in person for the blood draw. If coming in person, the tube is always labeled, which makes the lack of labeling the patient's name a non-issue.

Action Items

- If the Collaborative members have any further questions, reach out to Dr. Fuki Hisama at fmh2@uw.edu

Northwest Regional Telehealth Resource Center (NRTRC) 2024 Conference

Nicki Perisho (NRTRC) [1:55:13]

- Save the date for NRTRC's 12th annual conference on April 29 – May 1, 2024 at the University of Washington campus in the Husky Union Building in Seattle, Washington.
- For more information, email info@nrtrc.org or visit www.nrtrc.org
- Website will be further developed for more conference information

Action Items

- If the Collaborative members have any further questions, email info@nrtrc.org or visit www.nrtrc.org.

Wrap Up/Public Comment Period

[1:56:36]

- Wendy Brzezny (Thriving Together – North Central Washington) shares an announcement of Thriving Together's 2023 Virtual Care Conference on September 18th and 19th at the Wenatchee Convention Center.
  - Focusing the speakers on practical components of implementing virtual care in rural areas. Some keynote topics will include a focus on the impact of strategy in developing a telehealth program, digital equity, and building a virtual care workforce.
  - Some of the application-focused breakout sessions include telehealth access point, digital navigators mHealth phone applications, building strategy in a rural behavioral health and in rural health clinics and using telemedicine to increase rural hospital census.
  - Conference details can be found here.

    - Registration link is available here.
- Alpana Banerjee (unknown) is a mental health instructor in King County and a public policy advocate in the U.S. She requests for the legislators on the Collaborative to vote for the Uniform Telehealth Act. She also asks if the Act has a provision or language around genetic information.
    - Michele Radosevich (Davis Wright Tremaine LLP) responds that there is no specific information or provision about genetic information in the Act. The goal of the Act is to be as neutral as possible in terms of broadly authorizing the use of telemedicine in any aspect of medicine as long as it met the standard of care. Therefore, in this sense, the Act would cover genetic medicine.
- Next meeting: Monday, September 11, 2023 at 10:00 am – 12:00 pm
- Meeting materials, including presentation slides and recording, will be posted on the Collaborative's website and sent out via the newsletter

Action Items

- Collaborative members to share agenda topics for future Collaborative meetings and email them to Dr. Scott / Mrs. Dinh Hsieh

Tentative Next Meeting Items:

House Bill 1196: Cost Impact of Audio-Only Telemedicine Updates
State Hospital at Home Services
Vote on Patient Representative to join the Collaborative

Meeting adjourned at 12:00 pm

Next meeting: September 11, 2023: 10 am-12 pm
Via Zoom.