HOW TO INFLUENCE

STATE POLICY

August 29, 2019

AGENDA

ROADMAP

What is
What could be
How do we get there?
2019 Washington legislative activity

STEP 1: KNOW THE LANDSCAPE

WHAT IS

UNDERSTAND CURRENT STATE OF TELEHEALTH POLICY

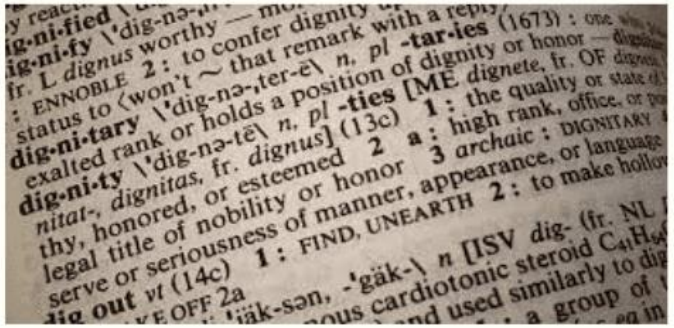
WASHINGTON STATE TELEHEALTH COLLABORATIVE

VISION

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State

MEMBERS

Dr. John Scott, Director of Telehealth Services, UW Medicine, Collaborative Chair
Washington State Senator Randi Becker
Washington State Representative Marcus Riccelli
Washington State Senator Annette Cleveland
Washington State Representative Joe Schmick
Dr. Chris Cable, Senior Medical Director, Kaiser Permanente Washington
Kathleen Daman, Telehealth Clinical Program Manager, Swedish Health Services
Brodie Dychinco, General Manager of Convenient Care Delivery, Cambia Health Solutions/Regence
Joelle Fathi, DNP, RN, ANP-BC, Director of Nursing Practice and Health Policy, Washington State Nurses Association
Dr. Frances Gough, Chief Medical Officer, Molina Healthcare
Sheila Green-Shook, Chair, Advocacy Committee, Washington State health Information Management Association
Sheryl Huchala, Contracting Manager, Premera Blue Cross
Dr. Ricardo Jimenez, Vice President of Medical Affairs and Chief Medical Officer, Sea Mar Community Health Centers
Dr. Geoff Jones, Family Physician, Newport Community Hospital
Dr. Scott Kennedy, Chief Medical Officer, Olympic Medical Center
Denny Lordan, Telehealth Program Coordinator, Providence Healthcare
Adam Romney, Partner, David Wright Tremaine, LLP
Dr. John Scott, Director of Telehealth Services, Chair, UW Medicine
Cara Towle, RN MSN MA , Associate Director Integrated Care Training Program & Psychiatry Consultation Program, UW Medicine
Lori Wakashige, Program Director, Regional Outreach & Telehealth, Legacy Health
Stephanie Cowan, Clinical Care Director –Virtual Health | MultiCare Health System
Sarah Orth, Telehealth Program Manager Senior, Seattle Children's Hospital



DEFINITIONS

Clinical Services
Technology

Clinical Services

PROVIDER TYPES

Some states have limitations around the provider types that can be reimbursed by telehelath services.

LICENSING

Most states require licensure in the state the patient is located at the time of the telemedicine visit.

CREDENTIALING & PRIVILEGING

Credentialing and privileging is usually required at any health care facility, and may be allowed to be completed by proxy (acceptance of distant site decisions).

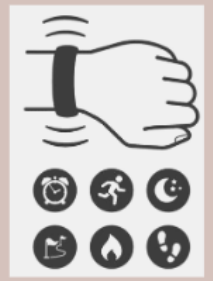
OPERATIONS

Check to see if laws, regulation, or policy exist about clinical standards of practice via telemedicine, informed consent, provider locations, prescribing, privacy for minors, etc.

TECHNOLOGY

Live audio-video

Asynchronous/
store and forward



Remote monitoring/
wearables

PARITY

COVERAGE VS. PAYMENT

Coverage: Refers to clinical services delivered through telehealth must be "covered", or cannot not be reimbursed by payers (usually third-party and/or Medicaid)

Payment: Refers to the payment of services delivered in-person or by telemedicine must be the equal.

- Six states have payment parity laws on the books: Arkansas, Colorado, Delaware, Kentucky, Minnesota, New Jersey
- Proposed 2019 telehealth payment parity legislation
  - Three state passed: Georgia, New Mexico, Mississippi
  - One state still active: California
  - Five states failed: Massachusetts, New York, North Carolina, Oregon, Washington
- Five states have laws enacted related to payment but do not require payment parity: Kansas, Louisiana, North Dakota, Tennessee, Texas
- Other states introduced bills related to telemedicine payment but not parity

STEP 2: KNOW THE IDEAL FUTURE

WHAT COULD BE

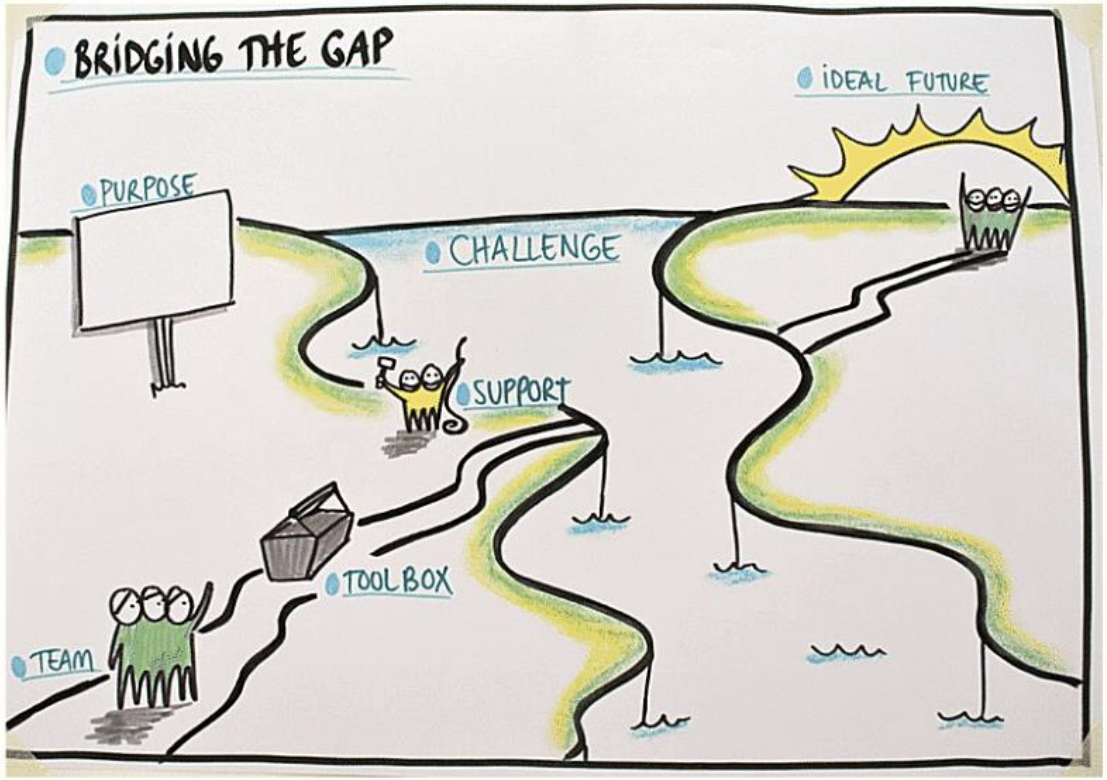
GOAL

NEVER HEAR THE WORD "TELEHEALTH" AGAIN

Offering services in person or virtually in any modality = no difference in operational process, clinical care quality or patient safety

STEP 3: GAPS

HOW DO WE GET TO IDEAL FUTURE?



WHAT TO DO?

CLOSE THE GAPS AND DIG IN

- Find legislator champions and be their friend
- Propose reasonable steps to close the gap, it won't be perfect the first time
- Find stakeholder champions and identify what they are willing to do/change
- Stay in the limelight
- Balance what could be with current environment; don't make it too radical or restrictive
- Take advantage of existing stakeholder advocacy groups whenever possible

Washington State Telehealth Collaborative

2019 WASHINGTON TELEHEALTH LEGISLATION

DISCUSSED, PROPOSED, LEGISLATIVE OUTCOME

SENATE BILL 5387: CREDENTIALING BY PROXY

DISCUSSION

Washington had an existing law that enabled telemedicine privileging by proxy.
This proposal added to the existing law the possibility for telemedicine credentialing by proxy.
When granting or renewing credentials of any physician providing telemedicine services, an originating site hospital may rely on a distant site hospital's decision to grant or renew credentials.

PROPOSED LEGISLATION

Modified existing legislation to add "credentialing and" to each instancing of telemedicine privliging by proxy

OUTCOME

Passed, no modifications

Signed by Governor

Effective 7/28/19

https://app.leg.wa.gov/billsummary?BillNumber=5387&Initiative=false&Year=2019

SENATE BILL 5386: TELEMEDICINE TRAINING

DISCUSSION

Concerns for rural and independent health care professionals about following standards of care and knowing all of the rules for delivering care via telemedicine. It was decided the Washington State Telehealth Collaborative

PROPOSED LEGISLATION

Beginning January 1, 2020, health care professionals who provide services through telemedicine shall complete telemedicine training prior to providing those services. The training may be incorporated into existing telemedicine training.

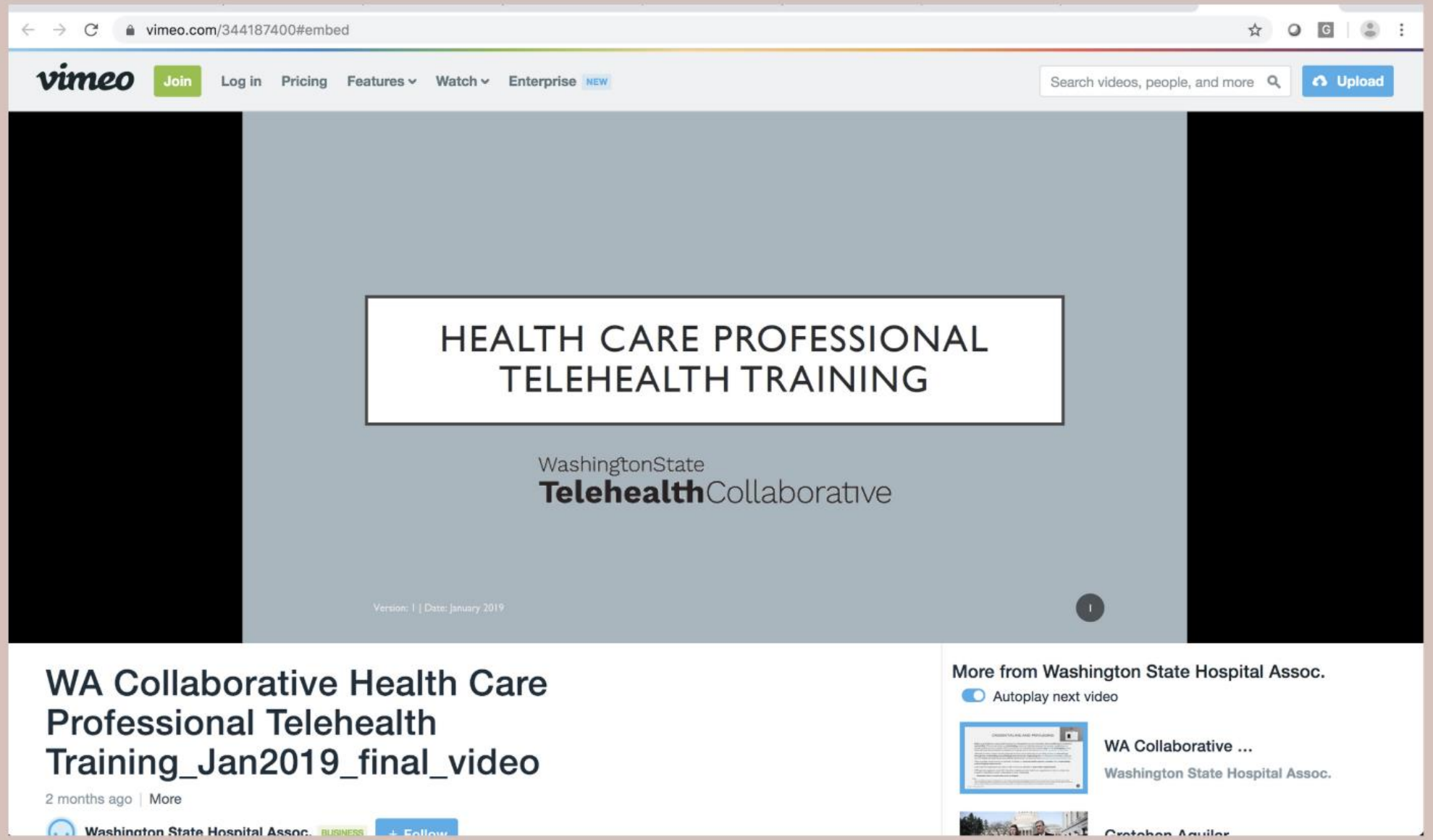
OUTCOME

Passed, with modifications training optional/"may"

Signed by Governor

Effective 7/28/19

https://app.leg.wa.gov/billsummary?BillNumber=5386&Initiative=false&Year=2019



https://vimeo.com/344187400

SENATE BILL 5385: TELEMEDICINE PAYMENT PARITY

DISCUSSION

Some members believed that telemedicine visits may not be equivalent clinically to an in-office visit, that the overhead costs can be lower and that one purpose of the technology is to lower the cost of health care. Other members disagreed, saying that there are other overhead costs (such as software, hardware, IT help, clinical staff and office space) which need to be accounted for

PROPOSED LEGISLATION

Added language to existing coverage bill for real time audio-video payment parity: at the same rate as if the health care service was provided in person by the provider

Removed requirement for an associated office visit with referring provider for store and forward reimbursement

OUTCOME

Died

https://app.leg.wa.gov/billsummary?BillNumber=5385&Initiative=false&Year=2019

THINGS TO KEEP IN MIND

SURVIVAL TIPS FOR INFLUENCING POLICY

Always think far ahead.

Changing policy is a hard, long journey. Make small policy changes incrementally towards your end goal over time. Revisit and re-engage stakeholders to evaluate previous years' policy changes and propose more changes.

Do contingency planning.

Have a plan for compromise or bill failure. What can you do to improve the vetting process next year?

Strategically engage stakeholders.

Find the active movers and shakers and be their friend. Find the "win" from each perspective and build it into the draft bill language. Fully address opposition before dropping the bill

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FOR QUESTIONS AND CLARIFICATIONS