The Westrends Board convened on Friday, July 19 during the CSG West Annual Meeting in Big Sky, Montana. The session was led by the Board’s vice chair, Washington Senator Randi Becker. The members of the Board had an engaging session on two issues that are altering the public policy landscape in the West – advances in telehealth and Blockchain technology.

**Telehealth**

Telehealth is the delivery of health care services and health care related information using equipment that can allow for communication between patients and healthcare providers to provide better access to healthcare services. This work is done using technology like the Internet, satellite, or smart phones, and can take place in many situations, including hospitals, clinics, homes and nursing facilities.

Dr. John Scott, Director of Telehealth Services at the University of Washington Medicine, provided an overview of the benefits from the perspective of patients, employers, payers, small hospitals, large provider organizations and clinically integrated networks. He also outlined one of the challenges for telehealth providers regarding the conditions for reimbursement as defined by the Centers for Medicare and Medicaid Service (CMS), which is part of the U.S. Department of Health and Human Services. According to Dr. Scott, the requirements for telemedicine reimbursement by CMS are technology (live, face to face interactive video), geographic restrictions (must be deemed a rural area) and originating sites. Once these conditions are met, Medicare telehealth services are paid as through the service was performed in-person.

Dr. Scott stated that in 2018 thirty-nine states and the District of Columbia passed legislation focused on telehealth. A significant number of the bills where aimed at addressing the payment and service parity. Payment parity refers to paying the same amount for telemedicine visit as in-person visit. According to Dr. Smith, the arguments for payment parity is that it takes the same amount of time for a clinician, there are other kinds of overhead costs (IT, technology), less efficient than in-person, there are no incentives to provide same care at a lower-costs, and that it avoids a facility fee. On the hand, arguments against service parity is that telehealth is not reducing cost of care, avoiding nurse and use of an exam room, and that it’s not equivalent visit to in-person care.
Another challenge are the barriers for safety net providers to provide telehealth services. According to Jennifer Stoll, Executive Vice President of Government Relations & Public Affairs for OCHIN, a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care, these barriers include start-up and maintenance costs, reimbursements, transformation challenges, risks of value-based care, health care centers being ineligible for reimbursement at distance site if provider is there, and access to reliable, secure broadband. She also relayed that to be successful, telehealth must be integrated into the electronic health records, and that states must support primary care and health centers financially integrate virtual care.

Ms. Stoll stated that broadband support is foundational for effective telehealth delivery. She recommended that broadband should be community-based and thoughtfully deployed for future needs, reach the home, be affordable, redundant and secure. Finally, she offered policies that lawmakers should consider, including changes in Medicaid reimbursement policies, state strategic development of broadband into rural communities, solving for specific purposes, supporting eConsults or other demonstration projects, and supporting evaluation and research. Finally, another issue that was addressed was the variation of telehealth policies and laws across states as it relates as to who can provide telehealth services. For instances, states have different requirements whether the physician or nurse providing the telehealth services needs to be licensed, as well as whether they can prescribe medications or need to be included in a business registry. These policy variations place burdens on the ability of health care providers to provide telehealth services across state lines.

A key message of the discussion was that as technological advances continue to make healthcare more accessible via telehealth, state leaders will need to continue to assess their policies and laws to further its deployment while removing barriers and challenges that currently impact the availability and effectiveness of telehealth.
Blockchain

On the topic of Blockchain, Wyoming Representative Mike Yin kicked off this part of the session by providing an overview of what Blockchain is, how it works and what the State of Wyoming is doing to enhance governance of Blockchain, particularly as it relates to digital assets, utility tokens, and special depositories, among others.

Representative Yin stated that Blockchain is a decentralized, distributed and public digital ledger that is used to record transactions across many computers so that any involved record cannot be altered retroactively, without the alteration of all subsequent blocks. He also provided members an overview of and the difference with Bitcoin, which is a decentralized digital currency without a central bank or single administrator that can be sent from user to user on the peer-to-peer Bitcoin network without the need of intermediaries. Bitcoin is the origin of blockchain technology and is an implementation of the technology.

Representative Yin provided an overview of the legislation that Wyoming recently adopted in the area of Blockchain, including regulation of digital assets, utility tokens, special depository, and certified shares on Blockchain.

For his part, Dante Giancola with Ownum, a Blockchain technology company, discussed the opportunities and challenges for states in integrating Blockchain to improve the delivery of certain services. This includes the administration of death certificates, vehicle titles and maintenance of contracts. Mr. Giancola gave the example of digitizing vehicles titles and compared it - for purposes of illustrating the process to participating lawmakers - to how individuals utilize airline boarding passes on their phone applications. In such an example, paper carbon copy was evidence to board an airplane, however, it was susceptible to counterfeiting and any changes required reissuing the paper boarding pass; while, on the other hand, the digitization of the boarding pass brought convenience to consumers, allowed changes to the flight without requiring the reissuance of the boarding pass, and provides backward compatibility to paper.
According to Mr. Giancola, Blockchain technology creates a trusted marketplace for digitizing vehicle titles for a number of key stakeholders, including insurance providers, private buyers, dealerships, autonomous vehicles, manufacturers, transfer of ownership, and title issuance authority, among others. However, Mr. Giancola also discussed the challenges for states in applying new technologies to old processes that may inhibit the applicability and effectiveness. Following their presentations, Representative Yin and Mr. Giancola fielded questions from the Westrends Board members.