

TELEHEALTH TASK FORCE (TTF) MEETING AGENDA

Virtual Meeting Information - Join Zoom Meeting

<https://jubengineers.zoom.us/j/99938814938?pwd=YINJWHUwcnpPdWtpSElvTElPTzNkdz09>

Meeting ID: 999 3881 4938 Password: Telehealth

Phone audio +16699006833 (US) Meeting ID: 99938814938#

The Department of Health and Welfare and its employees are subject to State Procurement Act Idaho Code Title 67, Chapter 92 and the Rules of the Division of Purchasing 38.05.01

Wednesday, July 29, 2020, 9:00 AM-12 NOON MST

TIME	AGENDA ITEM	OBJECTIVE
9:00 a.m.	Welcome & Introductions – Jenni Gudapati, Co-Chair <ul style="list-style-type: none"> <input type="checkbox"/> Welcome, Introductions, Roll Call, Overview of Meeting – Jenni Gudapati <input type="checkbox"/> Action Item: Approval of Minutes of June 24, 2020 Task Force Meeting – Jenni Gudapati <input type="checkbox"/> Remote Patient Monitoring Utilization in Idaho – Jenni Gudapati 	<i>Meeting Overview and 5-minute presentation 5-minute Q & Q</i>
9:20 a.m.	Subject Matter Expert Presentation – Nate Fisher, Jr. Special Assistant, Intergovernmental Affairs Governors’ Office and Chair of the Office of Drug Policy Telehealth Workgroup and Sara Stover, Senior Policy Advisor for the Governors’ Office	<i>10-minute presentation 10-minute Q & A</i>
9:40 a.m.	Subject Matter Expert Presentation – Eric Forsch, Department of Commerce, Office of Broadband Initiatives	<i>20-minute presentation 10-minute Q & A</i>
10:10 a.m.	Break	<i>10-minutes</i>
10:20 a.m.	Discussion by Task Force Members on Recommendations for Inclusion in the Final Report/Action Plan – facilitated by Elizabeth Spaulding, The Langdon Group	<i>90-minute discussion</i>
11:50 a.m.	Identify Action Items and Next Steps – Krista Stadler, Co-Chair <ul style="list-style-type: none"> <input type="checkbox"/> Key questions for next steps <input type="checkbox"/> Identify action items and follow-up needed 	<i>10-minute discussion</i>
12:00 noon	ADJOURN	





TeleT

Telehealth Task Force

July 29, 2020 On Line Meeting
9:00 a.m. Mountain Time

Action Items:

Action Item 1 – June Telehealth Task Force (TTF) Meeting Minutes

TTF members will be asked to adopt the minutes from the June 24, 2020 TTF meeting.

Motion: I, _____ move to accept the minutes of the June 24, 2020 meeting of the Telehealth Task Force as presented.

Second: _____



TeleT

Telehealth Task Force

June 24, 2020 at 9:00 am

Location: Virtual Meeting Via Zoom

Meeting Minutes:

Member Attendees: Craig Belcher, Aleasha Eberly, Eric Forsch, Eric Foster, Doug Fry, Jenni Gudapati, Chad Holt, Susie Pouliot, Krista Stadler, David Bell

Ex Officio Members:

Members Excused: Paul Coleman

Members Absent: Patrick Nauman, Rick Naerebout,

Guests on Phone:

DHW Staff: Mary Sheridan, Ann Watkins, Stephanie Sayegh, Matt Walker

Summary of Motions/Decisions:

Motion:

Outcome:
Passed

Susie Pouliot moved to accept the minutes of the May 27, 2020 meeting of the Telehealth Task Force as presented. Eric Forsch seconded the motion.

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; and Agenda Review- *Craig Belcher, Co-Chair*

- ◆ Craig Belcher lead roll call, introductions and review of the agenda. Craig also referenced Governor Little's announcement pertaining to telehealth waivers post-COVID-19.

Presentation by – Dr. Scott Dunn, Sandpoint Family Medical Center

Dr. Dunn provided an overview of the key takeaways that were captured from his experience offering telehealth services through the Sandpoint Family Medical Center, including best practices for working with patients as well as opportunities for improving internal processes. Dr. Dunn identified payment issues as the most significant barrier to broader adoption of telehealth services.

Questions and comments included:

- What is the best flexibility that you have seen implemented within telehealth policy?
- You mentioned that your costs remain the same whether providing traditional medicine or telehealth. I'm curious if this is a function of the need to keep your offices open (overhead, staff, etc.) to serve the traditional walk-in population vs telehealth? Do you see this changing at all in the future? Overall, do you feel that there are any efficiencies to be gained through the use of telehealth?

Presentation by – Kerry Palakanis, Executive Director of Connect Care Operations Valley Center Tower, Intermountain Healthcare

Kerry Palakanis provided an overview of the suite of telehealth programs offered through Intermountain Healthcare before moving into a discussion as to what she predicts will occur once the President announces the end of the public health emergency, particularly with regard to the Section 1135 Waiver authority. Kerry provided ideas on how to increase utilization of telehealth in Idaho, including making all COVID-19 waivers permanent, creating licensing programs, and addressing payment issues. Please also see associated handout in meeting packet that provides an analysis of key selected blanket waivers under Section 1135.

Questions and comments included:

- If telehealth outcomes are proven to be high, why would there be a lower level of reimbursement?
- Have you used the new remote monitoring codes for Medicare patients?
- Idaho Health Data Exchange (IHDE) is currently establishing a connection to Connect America to provide their IHDE participants with access to remote patient monitoring (RPM) data in the patient's longitudinal health record in their clinical portal. Please reach out to IHDE if you would like to learn more.

Presentation by – Dr. Christian Zimmerman, Spinal Neurosurgeon, Saint Alphonsus Health System

Dr. Zimmerman provided an overview of a study he and several colleagues conducted on the use of telemedicine in neurosurgery. In this study, patients in rural populations were observed post-operatively over apps such as Facetime to monitor for changes in conditions. Results showed improved patient experience, particularly for those who had long travel times to receive care. Billing issues do arise, and patient history and in-patient exam are often needed.

Questions and comments included:

- From earlier presentations, we learned about the challenges of going to a rural clinic to conduct a visit. In your scenario, were you being pulled in as a consult? Have you had any experience with someone taking photos of wound sites?
- Have you tracked patient satisfaction?
- What type of orientation do you have to do to educate patients as far as utilizing telehealth prior to the scheduled appointment?

Presentation by – Anne Lawler, Executive Director, Idaho Board of Medicine

Anne Lawler provided an update on the 2020 legislative session outcomes pertaining to telehealth, including H342a, which was passed into law, and H531, which was held in Senate Committee in the interest of further research needed. Anne also reviewed the state and federal waivers that have arisen during the public health emergency. Last, Anne explained the Idaho standard of care and interstate medical licensure requirements in Idaho.

Questions and comments included:

- From a self-payer perspective, we have seen a significant increase in use of telehealth services, particularly as providers made services more available. Third-party organizations are licensing providers in multiple states, which is complicated but still makes it easier to navigate each state's regulations.

Presentation by – Kimberly Beauchesne, Telehealth Director, CHAS-FQHC

Kimberly Beauchesne provided an overview of the dramatic increase in telehealth services that CHAS has been providing since the public health emergency began. Because FQHCs are often serving vulnerable populations, innovative reimbursement structures are often needed to support certain services. Kimberly identified payer parity as a significant obstacle to increasing the efficiency and adoption of telehealth services. Access to high-quality internet in rural communities is also a serious barrier.

Questions and comments included:

- The various Medicare/Medicaid models across state boundaries presents challenges to reimbursement. Consistency is needed.
- What efforts are you doing to orient patients to telehealth utilization? How do you educate them to using telehealth? What do find is the patient satisfaction level with telehealth?

Follow-up Items for Next Steps- Krista Stadler, Co-Chair

Krista Stadler reviewed the key takeaways from the meeting and identified next steps. As Krista reminded committee members, this Task Force was convened to develop recommendations for a statewide Action Plan to improve telehealth services. While the wheels began moving quickly with the public health emergency, there is still a need to identify key actions that should be taken to improve access. The development of these recommendations will begin at the July Task Force meeting. Topics for consideration include support for value-based billing, payment parity and claims processes, patient education, and internet access.

The following action items were identified:

- Eric Forsch will be discussing Idaho's broadband initiative at the July meeting.

Meeting Adjourned: 11:30 a.m. MST

Next Meeting: July 29, 2020 from 9 a.m. – 12 noon MST

IDAHO COMMERCE



Eric Forsch

Broadband Development Manager

WHAT IS BROADBAND?

In its simplest form, the term broadband refers to high-speed internet access that is always on and faster than dial-up. However, as demand for faster and faster internet speeds has increased, so too has the speed definition of broadband. Currently, the Federal Communications Commission defines broadband as an internet connection with a download speed of 25 Megabits per second and an upload speed of 3 Megabits per second. Fixed, terrestrial broadband is high-speed data transmission to homes and businesses that is designed for permanent, stationary use and includes fiber, cable, DSL, and fixed wireless technologies.

Mobile Broadband

High-speed internet designed for use on-the-go with seamless connectivity from one location to another.

Fixed Wireless

Broadband service provided between towers and customers using radio waves. Primarily found in rural areas.

Satellite

Broadband service provided by satellites orbiting the earth. Satellite service can be impacted by line-of-sight and latency.

Cable

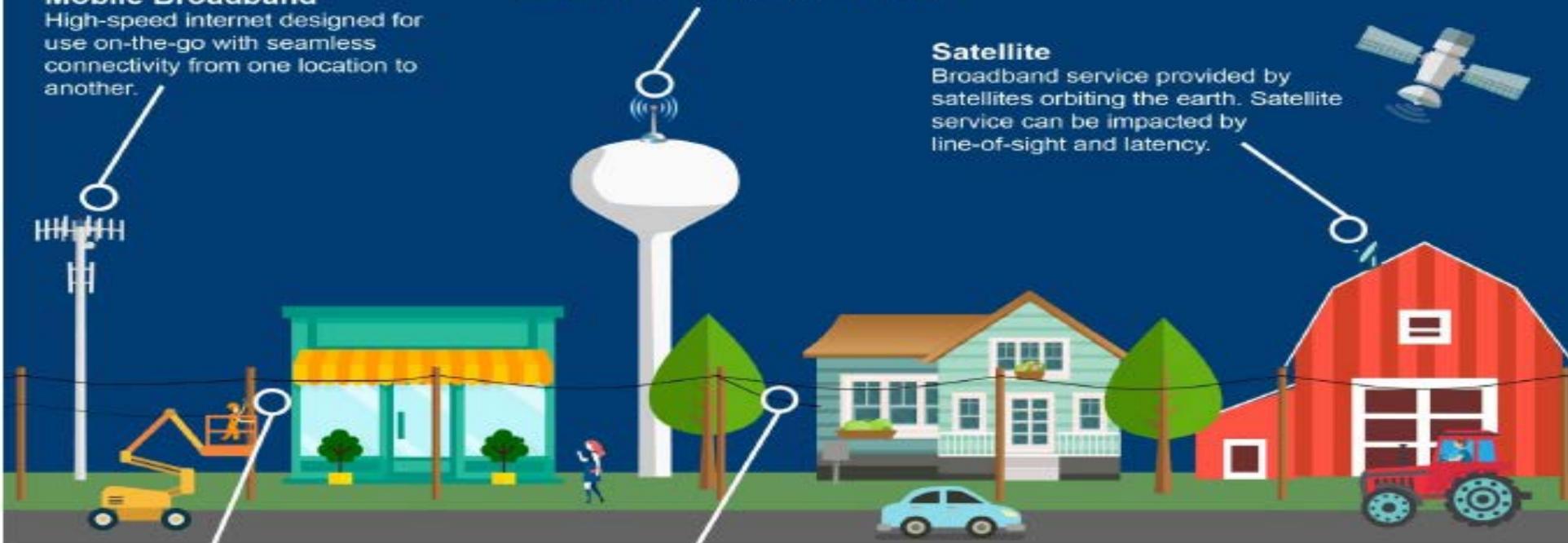
Internet provided by a cable television company over a mixed coaxial and fiber-optic network.

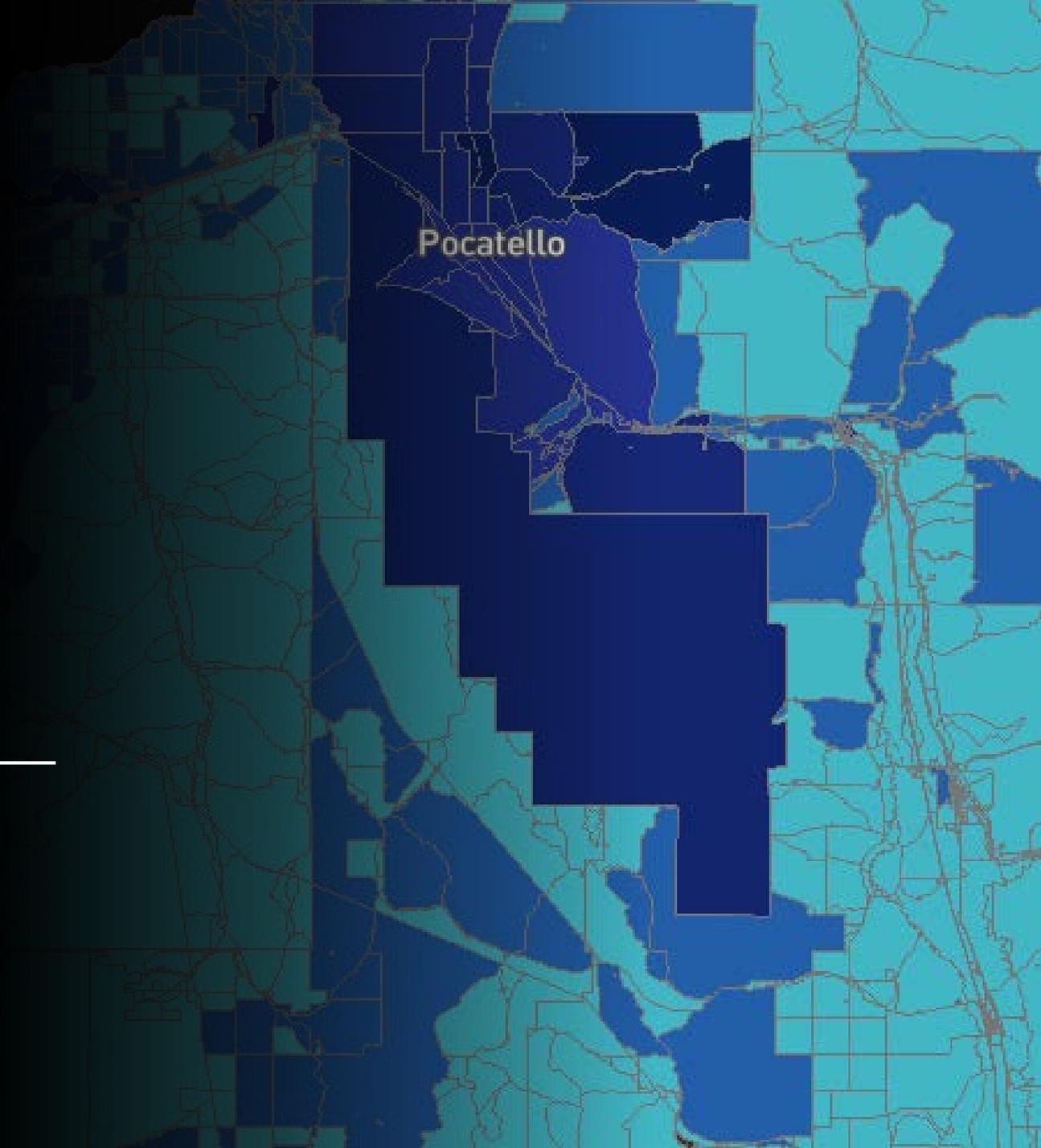
DSL

Digital-subscriber line (DSL) is broadband delivered over a mixed network of fiber and traditional copper phone lines.

Fiber

Fiber-optic service uses transparent glass fibers to carry data across distances. Some customers can receive fiber connections directly to their home, but fiber is also used to transport data from communities to the

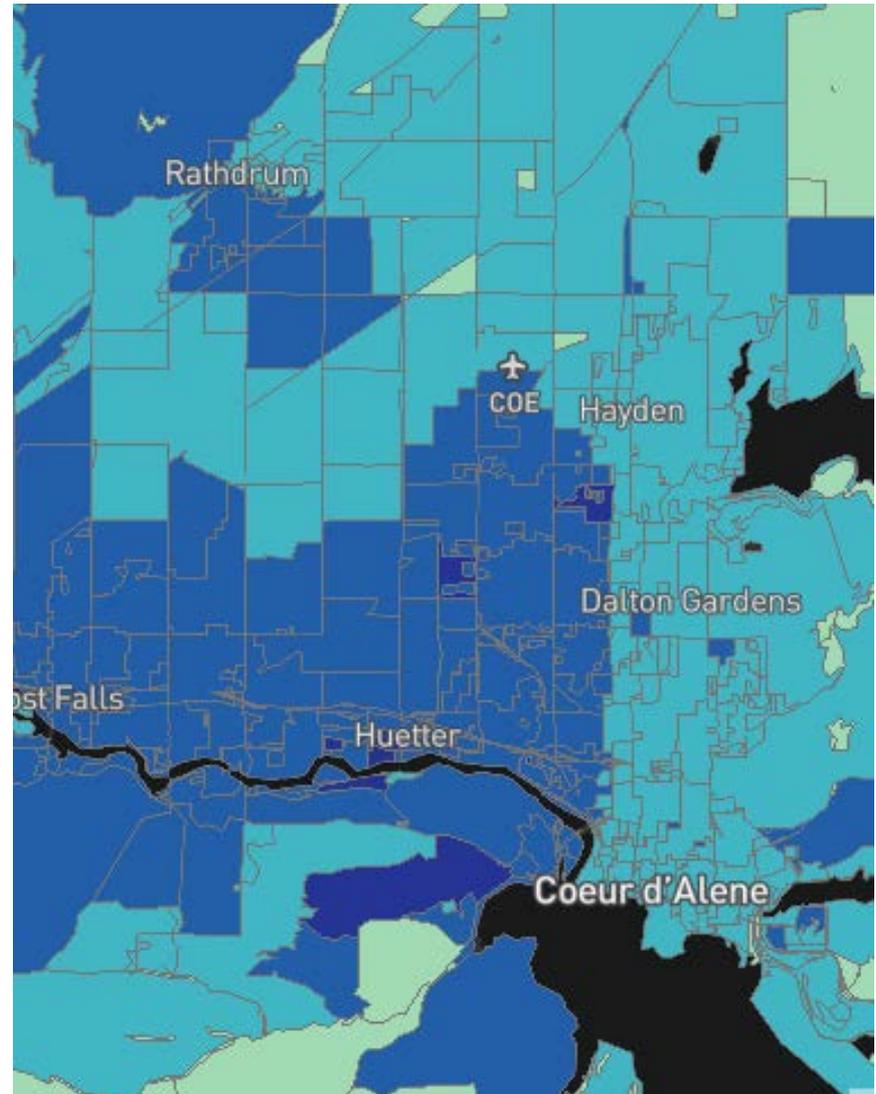


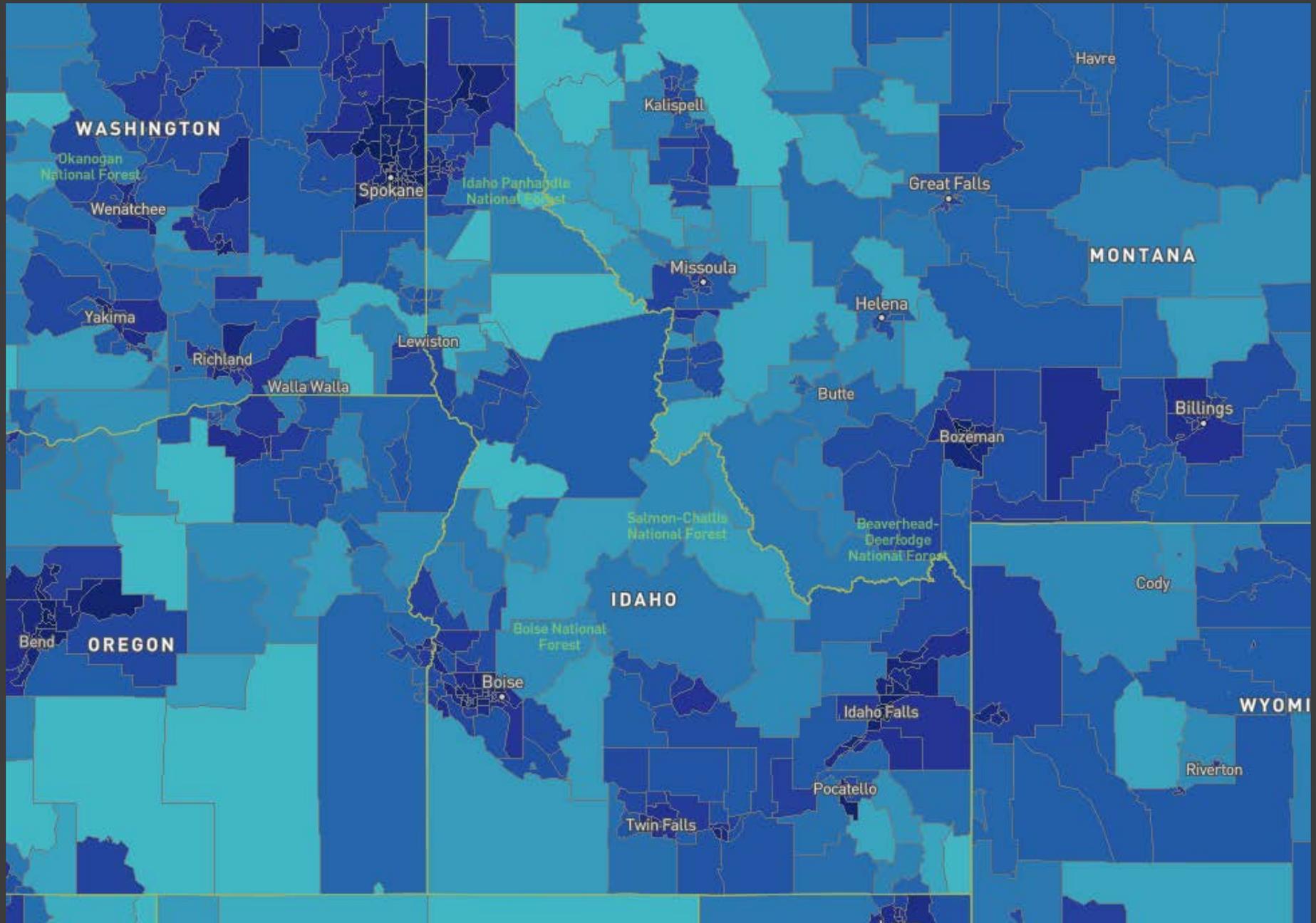


Mapping

Broadband

- Estimated 21 million people lack proper broadband access
- COVID-19 has emphasized the need for better access to broadband.
- Cost and Availability are both issues
- Telehealth, Distance Learning, Remote Working are expected to increase.
- Federal Government

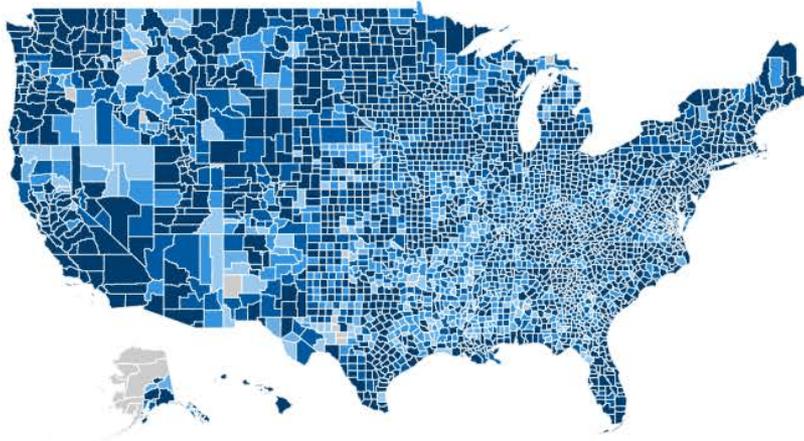




Maps showing FCC fixed broadband availability and broadband usage based on Microsoft data updated as of November 2019

FCC indicates broadband is not available to 21.3M people

Previous FCC 2018 report indicated broadband was not available to 24.7M people

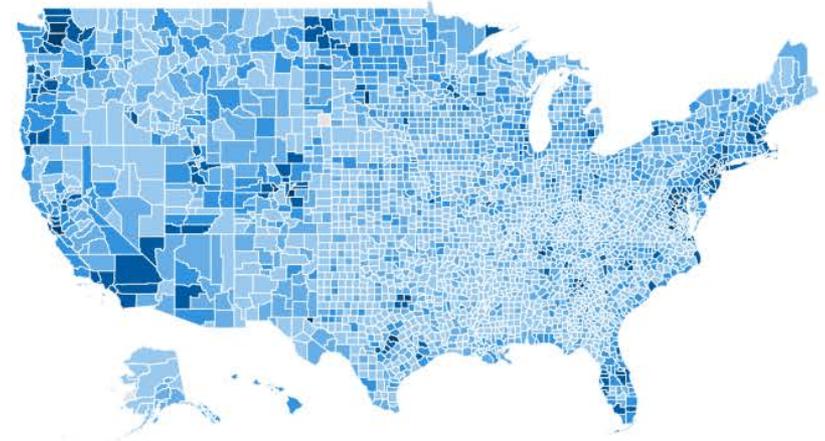


FCC broadband has or "could" provide greater than or equal to 25Mbps / 3Mbps



Microsoft data indicates ~157.3M people do not use the internet at broadband speeds

Previous data from September 2018 indicated ~162.8M people did not use the internet at broadband speeds



Broadband speed greater than or equal to 25Mbps



Sources: FCC 2019 Broadband report based on form 477 from December 2017 and Microsoft data from November 2019
Form 477 sample data format: 0000000000000000, DBAName,0,0,0,0,0,0
To assist with additional broadband mapping analysis, data has been made available in this [GitHub repository](#).

Microsoft, Data Science and Analytics

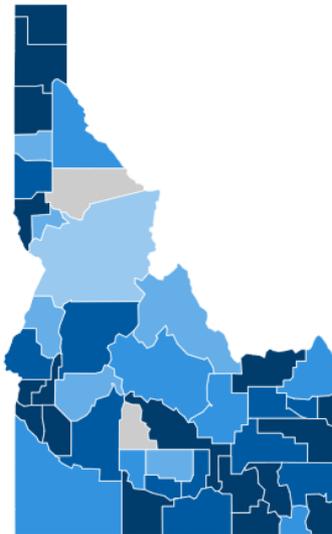


Maps showing FCC fixed broadband availability and broadband usage based on Microsoft data updated as of November 2019

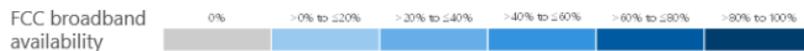
Idaho

FCC indicates broadband is not available to 252K people

Previous FCC 2018 report indicated broadband was not available to 190K people

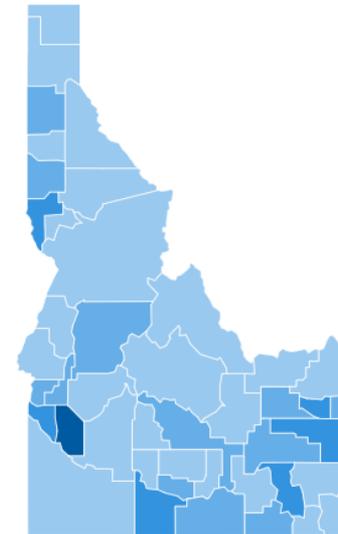


FCC broadband has or "could" provide greater than or equal to 25Mbps / 3Mbps



Microsoft data indicates ~1.0M people do not use the internet at broadband speeds

Previous data from September 2018 indicated ~1.1M people did not use the internet at broadband speeds



Broadband speed greater than or equal to 25Mbps

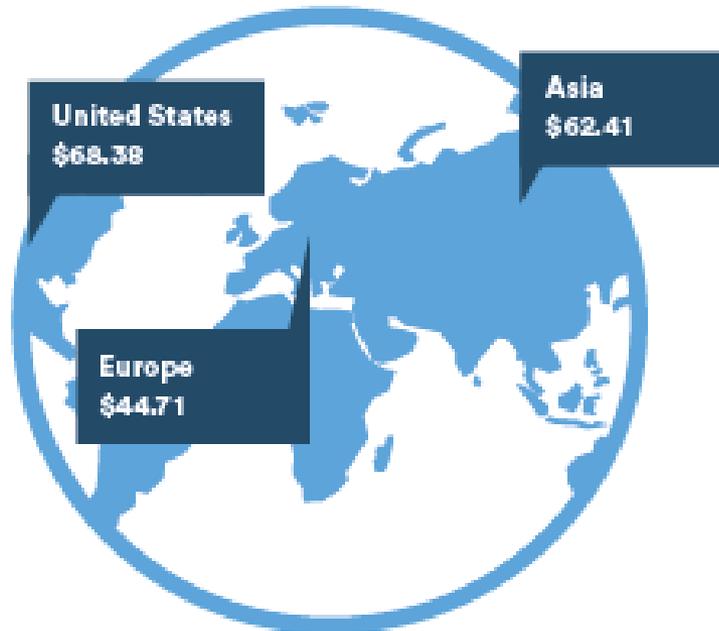


Sources: FCC 2019 Broadband report based on form 477 from December 2017 and Microsoft data from November 2019
 Form 477 sample data format: 0000000000000000, DBAName,0,0,0,0,0,0
 To assist with additional broadband mapping analysis, data has been made available in this [GitHub repository](#).

The Cost of Connectivity 2020

In our most extensive study of internet pricing ever, we find substantial evidence of an affordability crisis in the United States.

The United States is #1 for highest average monthly price



We gathered data on **760** internet plans across **28** cities.

Only one U.S. city made the top 10 ranked by lowest average monthly price.

1. Bucharest
2. Paris
3. Seoul
4. Riga
5. London
6. Copenhagen
7. **Ammon, Idaho**
8. Toronto
9. Zurich
10. Prague



Modem fees can add 75% to a monthly bill in the U.S., compared to just 30% abroad.



Most U.S. plans use promo rates, after which the rate increases by \$22.25 per month, on average.



Municipal networks offer some of the best value in the United States.



Winston

Trends

WAS

The Number of Older Adults in the US Has Increased Dramatically

Legend

Share of Population Age 65 and Over (Percent)

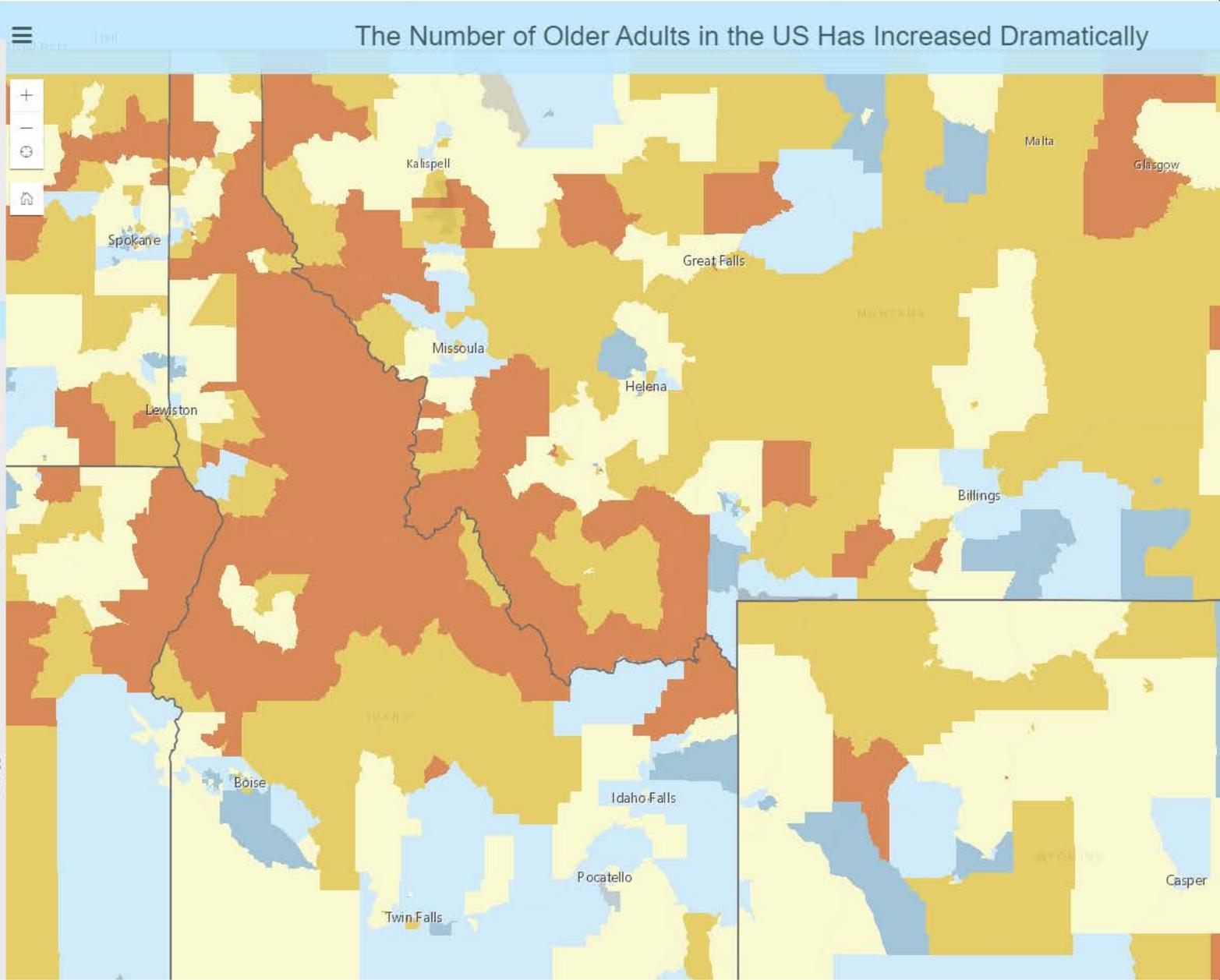
2016

- 25 and Over
- 20-24
- 15-19
- 10-14
- 0-9

The US Population is Aging

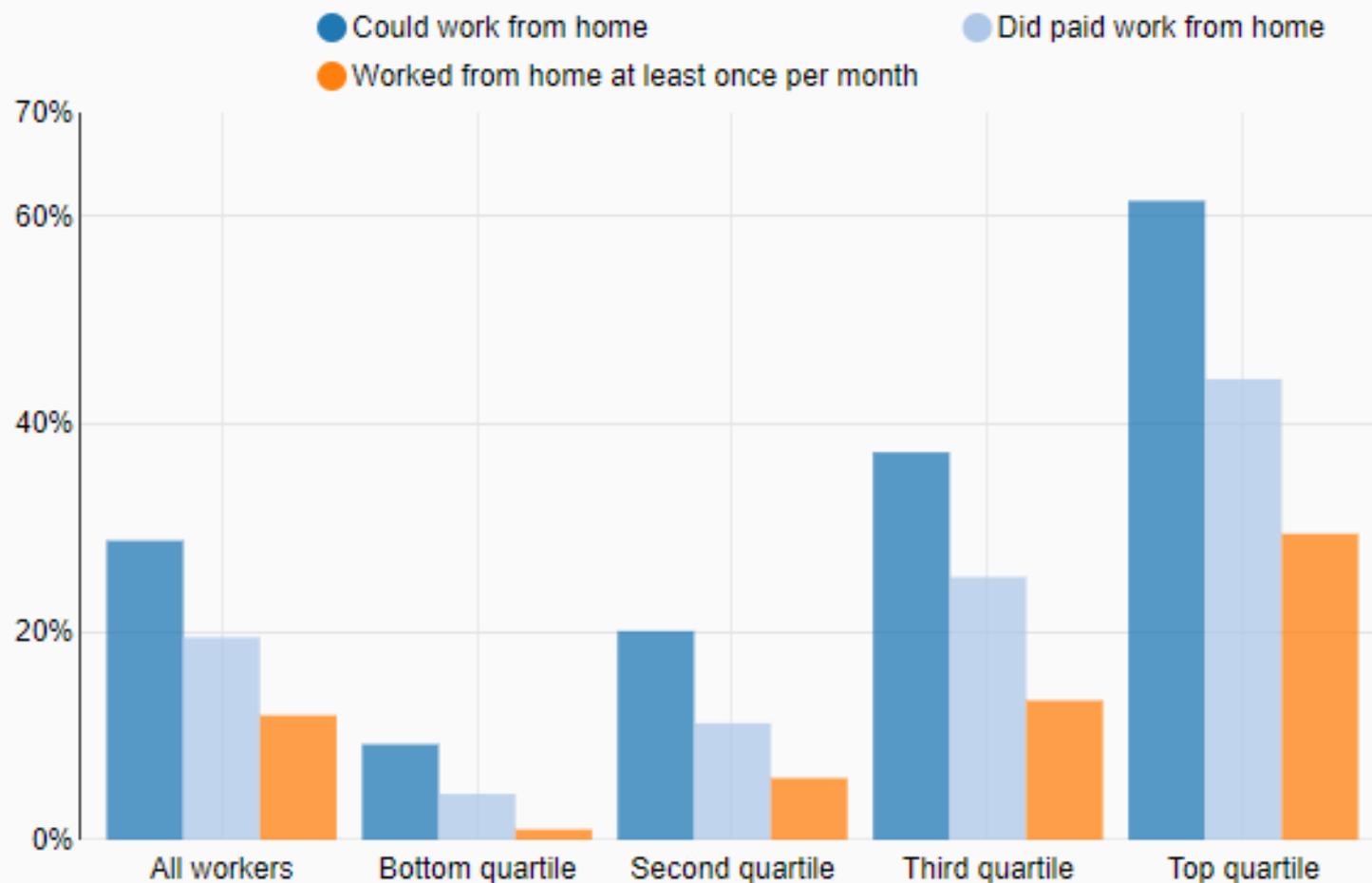
Between 2000 and 2016, the number of census tracts where the majority of households were headed by an older adult more than doubled from 1,499 to 4,764. Click the map to see the share of the population age 65 and over in each tract in 2016.

Return to the [Housing America's Older Adults 2018](#) report.



Higher earners work from home more

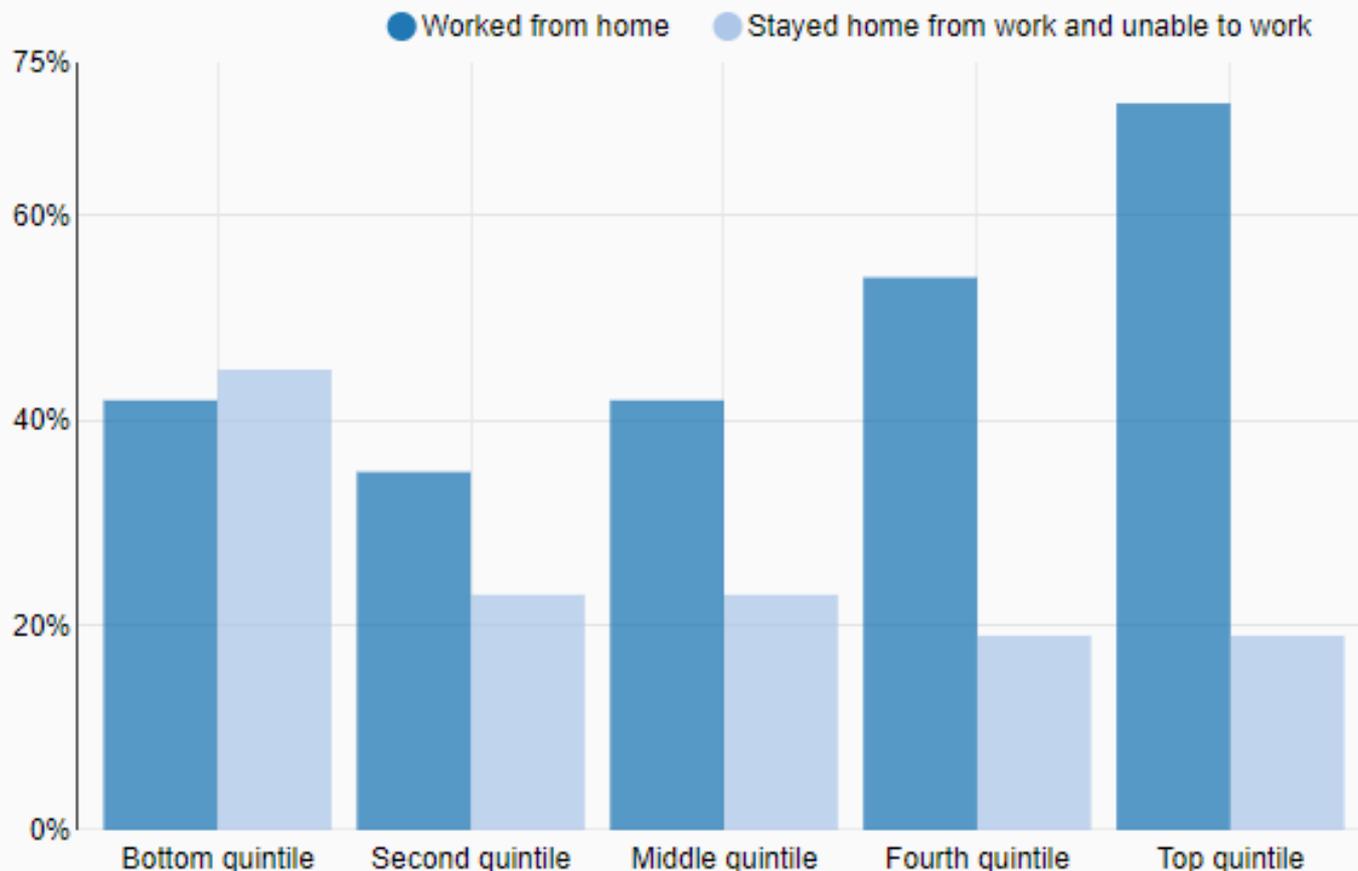
Prevalence of work from home in 2017-18, by earnings quartile



BLS, 2019, "Job Flexibilities and Work Schedules Summary," Tables 1 and 3.

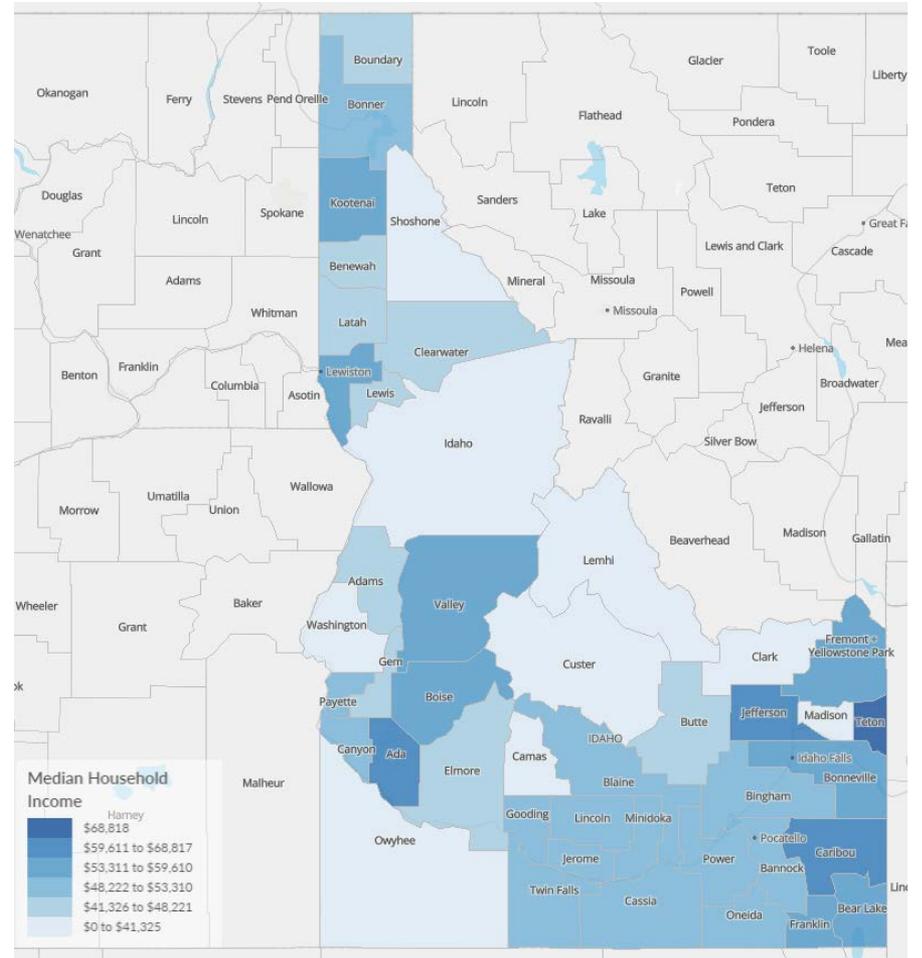
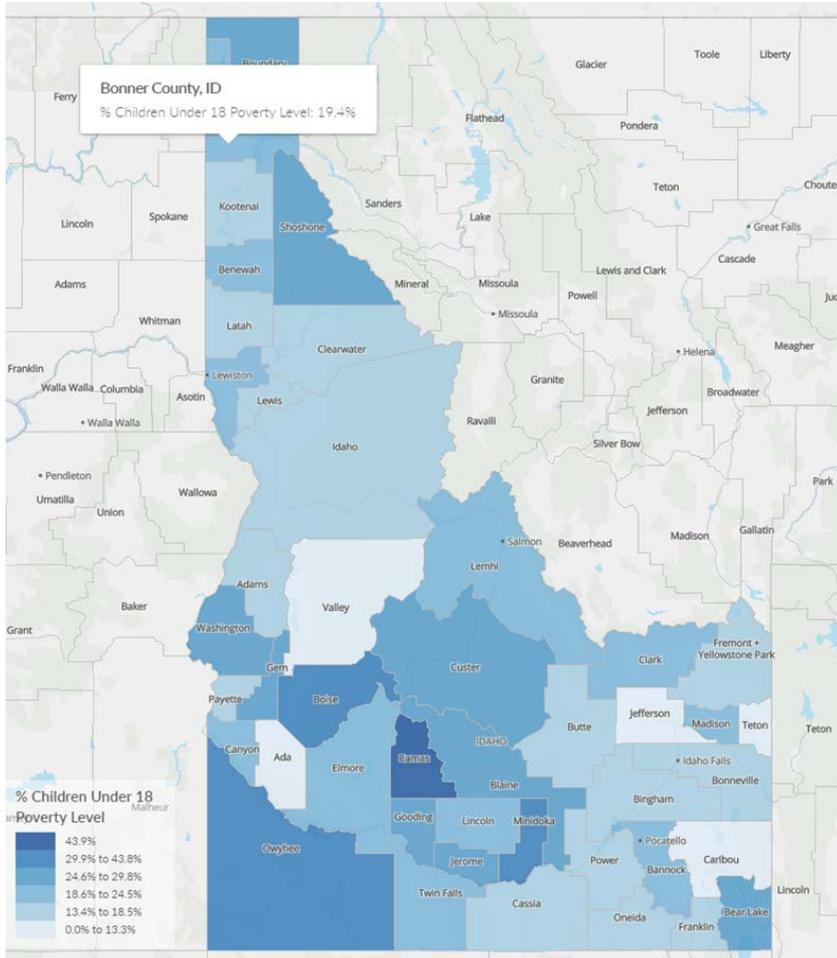
BROOKINGS

Working from Home During the Pandemic, by Income Quintile



Sample of 8572 randomly selected adults from the Gallup Panel, interviewed over the phone from March 16 to March 22, 2020. Reproduced from Reeves and Rothwell (2020).

BROOKINGS

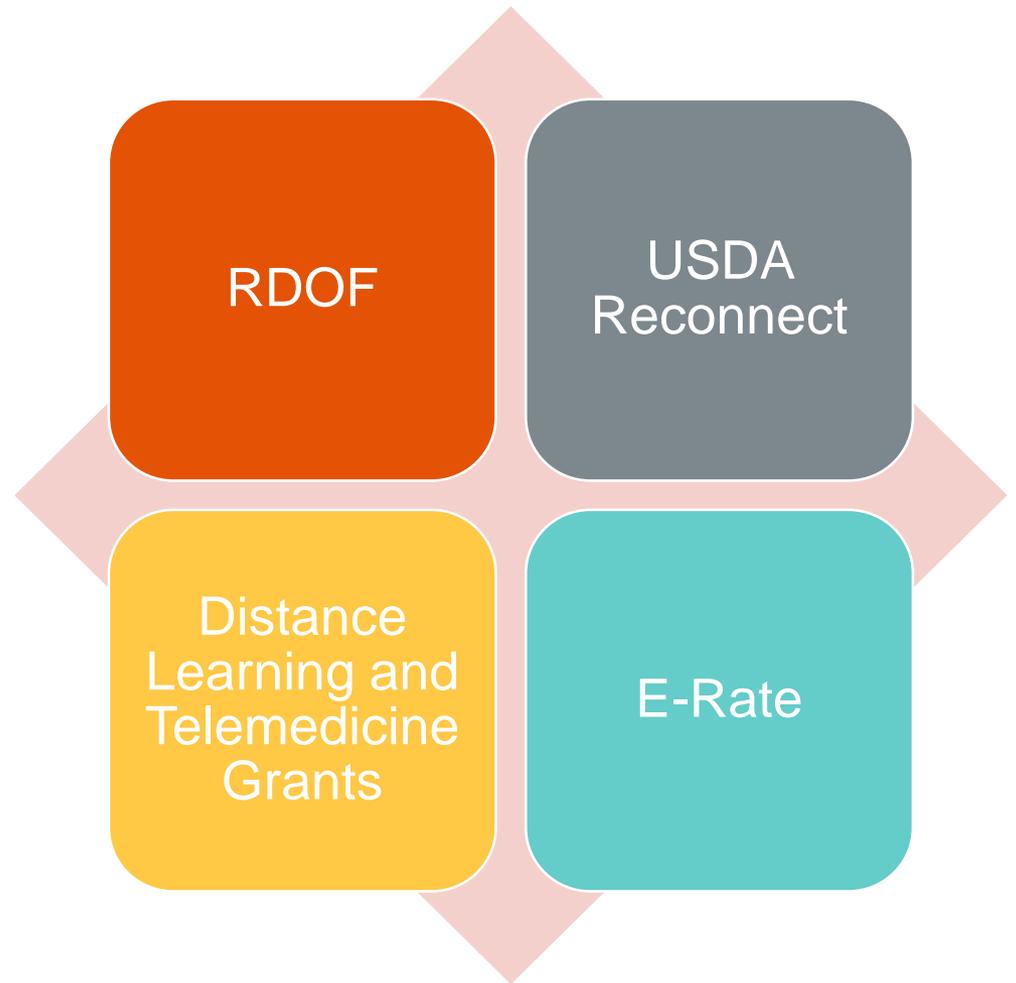




Wireless Hotspots



Federal Resources



Commerce Opportunities



HOUSEHOLD
GRANTS



LOCAL
GOVERNMENT



TELEHEALTH



GEM GRANTS



MAKING
CONNECTIONS

Let's Connect



commerce.idaho.gov



Idaho Commerce



@idahocommerce



Idaho Commerce



Visit Idaho






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Telehealth Task Force Materials Review: Synopsis of the Subject Matter Expert presentations (January-June) and their “Magic Wand” Scenarios and Policy Recommendations (prepared by the Langdon Group to help frame discussions for Telehealth Task Force Final Report/Action Plan).

Issue Areas:

- Payer parity
 - Coverage
 - Reimbursement
- Access to broadband
- Consumer and provider education
- Guidelines/Standardization of practices for working with payers
- Regulations
 - Remote patient monitoring
 - Synchronous vs. asynchronous
- Waivers

Policy Recommendations:

Focusing on key outcomes across the entire care continuum, healthcare systems and providers will be able to easily utilize the right telehealth mode at the right time and monitor the success and performance over time. Telehealth should also be leveraged for active outreach in rural communities to make it easier, accessible, and convenient for patients and providers.

Policies, regulation, and legislation need to favor all modes and types of telehealth solutions including synchronous and asynchronous options. By favoring all modes and types of telehealth solutions, healthcare systems and providers will feel empowered to choose the right solution for the right use case with a strategy that meets the needs of providers, patients, and payers. Stakeholders across the healthcare system need to be in alignment with clear outcomes, processes, and evaluation metrics. Lastly, in order for providers to build trust across their network, the solutions should be effective for patients to receive care, affordable for patients, and branded to the healthcare system that is delivering the care

To effectively treat remotely the following are proposed:

- Policies need to favor all modes of telehealth options, synchronous and asynchronous, then healthcare systems are empowered to choose right mode for right use case,
- Stakeholders across system need to be in alignment with clear outcomes, evaluation metrics; State can help shape and define
- To build trust across network, solution should be effective to receive care, affordable, and branded to healthcare system

Issue Area	Policy Recommendations	Notes
Payer parity	<ul style="list-style-type: none"> • Proactively define different types of telehealth (Synchronous vs. asynchronous; real-time audio vs. 	Additional notes on definitions: <ul style="list-style-type: none"> • Evaluation, management, psycho-therapy – audio/

	<p>video; remote monitoring & remote check-ins, at patients' home vs. facility; provider to provider asynchronous (eConsults, implantables, second opinion consults, wearables, virtual visits, secure messaging).</p> <ul style="list-style-type: none"> • Medical AND Dental • Same as in-person visits • Same across different telehealth types • Patients have the expectation that the premium they pay should cover all health-related expenses and are resistant to pay cash outside of their known copay if they can get the same service at lower cost in person. Site neutral payment parity is needed before there will be widespread adoption by patients. • Payment parity such that equivalent medical services (evaluation and management, counseling, preventive) are reimbursed by all Idaho payers at comparable levels regardless of patient site of service. • Establish consistent telehealth policies across the payor landscape to include coverage for proven cost-saving telehealth programs like remote patient monitoring, eConsults and direct-to-patient care. • Better compensation for the Telepsychiatric service from payers. In our study, the lower cost of care and higher overall care value supports a fee schedule more aligned with the value the service creates. 	<p>visual are using the same codes as in office.</p> <ul style="list-style-type: none"> • E-visits and telephone - check-ins – own codes • Confusion in industry between telephone check-ins and telehealth audio check-ins.
<p>Coverage</p>	<ul style="list-style-type: none"> • Have third party fund ALL long-term care facilities to have teledentistry platform subscription such as mouth watch teledentistry. 	<ul style="list-style-type: none"> • Improve the efficiency, scheduling and delivery of Telepsychiatry to reduce the cost of the service when

	<ul style="list-style-type: none"> • To improve the fee schedule to at least bring telepsychiatric services to a breakeven level for rural health systems and clinics. • PacificSouce Definitions: Telehealth: the provision of healthcare remotely by means of telecommunications technology in real time. <ul style="list-style-type: none"> • Covered for both telephone only and video/audio (FaceTime, Zoom, etc.). • Typically same evaluation & management or psychotherapy services as done in an office setting. • E-visits: communication between a patient and providers through an online patient portal or e-mail, not in real time. • Telephone Check In: brief communication via telephone to determine if expanded office/telehealth/other service are needed between established patients and practitioners. 	<p>purchased by a health system or clinic.</p>
<p>Reimbursement</p>	<ul style="list-style-type: none"> • Adjust Payment Model • Need clarity, simplicity and consistency in coding and billing procedures • Change EMS/CHEMS relationship and the fee for service model – Allow for coordination and new role for EMS (Emergency care, primary care, transitional care gaps are filled by CHEMS providers, connected through telehealth to the larger healthcare system). • Pay EMS to employ telehealth on a 911 call. • Reimburse CHEMS services to Idaho Medicaid patient. • Support efforts to reimburse for CHEMS visits and providers. • Extend and make permanent the current telehealth flexibilities 	<ul style="list-style-type: none"> • Incentivize keeping patients healthy rather than pay only to treat their illnesses • Success for providing transitional care after hospital discharge to prevent readmission, Community health providers can sit down, look at meds, and help manage transition home without patient getting overwhelmed. • Providers should be encouraged to tell a patient to come in, and not be concerned that they will be double billed. That appointment is now half the time. May be net neutral or less time. Need to think about how to promote

	<p>made available by the CMS (during COVID-19).</p> <ul style="list-style-type: none"> • Make the commitment to transform EMS from a historic transportation provider, to a modern member of the larger healthcare system. • Include store and forward coverage. • Improve the fee schedule for these services to best match the cost to deliver the service to allow at least a break even on the service. • Provide clarity for self-funded insurance run by large employers as well. 	<p>provider care while allowing access to telehealth modalities. Don't want to say can't have a follow-up visit. Providers to want to treat in homes when appropriate.</p>
Access to Broadband	<ul style="list-style-type: none"> • Needs to address internet speed and data access – lower income patients may not have a computer but have a smartphone with a limited data plan. • Both for consumer and facilities (Facility IT support & Wi-Fi is up to date throughout the building) • For providers: Software Licenses, technology improvements, Internet Bandwidth, tablets or computers. • For patients: Some purchased additional tablets to loan out to their patients that don't have telehealth access. • Many individuals still lack access to reliable internet needed to support telehealth at home. Idaho should fund and support recommendations outlined by the Idaho Broadband Plan Task Force. • Applies to both patients and providers in rural areas. 	<ul style="list-style-type: none"> • Need guidance to address HIPPA required security risk analyses • The solutions must be effective for patients to receive care • Options should be affordable for patients
Education	<ul style="list-style-type: none"> • Concerns from providers and patients that a virtual appointment does not seem adequate to diagnose or treat the patient. • Engage a provider telehealth champion that will be able to promote how effective virtual 	<ul style="list-style-type: none"> • Need to address stigma from some providers and patients – myth that telehealth isn't as a high-quality care of in-person. Marketing campaign to include explanation of care based on the needs of the

	<p>visits can be without a physical examination.</p> <ul style="list-style-type: none"> • Educate patients on when to opt for virtual visit over in-person visit. • Community Health Workers are a great resource here • Coordination is key 	<p>patient and patient-provider relationship.</p>
Consumer	<ul style="list-style-type: none"> • Marketing services that educate patients, residents and their families • Incentivize Patients • Identify solutions to barriers • Need to be able to easily understand their options under their policy for telehealth. • Recommended developing a video of what to expect during a telehealth visit. 	<ul style="list-style-type: none"> • Barriers seen as both technological and psychological for consumers & providers • Language - Found telehealth was a word people didn't understand, did an informal survey on what word was familiar enough that understood trying to offer – "Video Visits" – what you call it makes a difference. "Video Visit" vs. "telehealth." Be consistent with messaging between ourselves. Population starts to absorb our messages and understand more about telehealth.
Provider	<ul style="list-style-type: none"> • Incorporate in training for nurses/doctors (Continued training for new hires). • Marketing Services that educate patients, residents and their families • Online CE for providers -teaching our workflows and how they can apply to ordinary practice • Hands on CE for providers • Involves both an understanding what telehealth IS, and then how to do it well. • Expand faculty development, undergraduate and graduate telemedicine curricula. Ideally, telemedicine training should be in a spectrum of competencies building on over time starting at 	<ul style="list-style-type: none"> • Address myth that to do telehealth providers and consumers need significant technological investments and abilities. • Workflow – Some consultants say providers need to carve out time for telehealth vs. fit into a regular workflow can be more patient-centered.

	<p>the undergraduate throughout graduate level.</p> <ul style="list-style-type: none"> • Educate on how to practice telehealth while following the statutes and rules. 	
Guidelines/standardization of practices for working with payers	<ul style="list-style-type: none"> • Easy to understand guidelines and policies throughout all payers • Continuing to engage a multi-payer workgroup and • having payers be more transparent (to patients and providers) on their telehealth policies 	<ul style="list-style-type: none"> • Clearly understanding the workflows and frustrations providers have around electronic record management (EMR) and other administrative tasks can help drastically streamline the care delivery process. • Allowing for shared time blocks between several systems and improving scheduling efficiency could reduce the contract costs.
Regulations	<ul style="list-style-type: none"> • Origination Site – Need guidance for practicing across State lines (or Eliminate the term “originating site”). Elimination of term (most recommended) would allow for increased equity for homeless or traveling patients. • Move the point of care access into or closer to the patients' homes. This could improve the access for this population while, hopefully, improving adherence to appointments. In turn, this could create efficiencies for the Psychiatric provider in terms of scheduling. • Create a national provider licensing program • Create a national DEA license • Make a national provider licensing program <ul style="list-style-type: none"> ○ Hard to sustain a rural hospital if can't bring in resources outside state ○ Need to be able to provide across state lines 	<ul style="list-style-type: none"> • Deliver this “dispersed care” directly to the patient while maintaining collaboration/communication with the patients’ PCMH.

	<ul style="list-style-type: none"> • Healthcare provider licensure • Encourage utilization of expanded access hygienists under general supervision after medical history review from dentist or MD. • Ensure that physicians licensed in ID from other states follow the statute and rules and are truly seeking to improve the health of Idahoans and not merely to build a lucrative business. • Need to address any changes in provider liability • Establish a network of providers who are willing to do teledental exams and have patients transported to their office if needed. • Establish a network of portable and mobile providers • Bring “Teledental Kits” to ALL long-term care facilities and have annual formal training on how to use, and proper infection control. 	
Remote patient monitoring	<ul style="list-style-type: none"> • Universal telehealth software capable of communication between all health professionals (dental and medical). • Bi-Directional communication with providers • Scope of Practice 	<ul style="list-style-type: none"> • Dentists Scope different in CA Vs. ID
Synchronous vs. asynchronous	<ul style="list-style-type: none"> • Need reimbursement for both • Asynchronous can produce better images • Medicaid and other third-party payers to reimburse for services provided through asynchronous and synchronous teledentistry. • Integrate to any outpatient practice in primary care and specialty care. 	<ul style="list-style-type: none"> • Related to payer parity and to internet access issues • Create a system in which the Telepsychiatry service could be delivered directly to the patient where they are located (home, food banks, social service offices, clinics).
Waivers	<ul style="list-style-type: none"> • Out of State license – clarity in rule changes. Vs. waivers. • Make all federal COVID19 waivers permanent • Make all waivers permanent vs. analyze by individual waiver (depended on speaker). 	