NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS®

NACHC ECONSULT TRENDS

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The US Health and Human Services agency defines eConsults as:

> *electronic consultations or interprofessional consults, (that) are communications between health care providers. Providers can use e-consults in the emergency department to get recommendations for complicated conditions from providers in other locations with additional expertise, for example in specialty areas like acute care for stroke, trauma, ICU, or behavioral health.*[1]

The term eConsult is often used interchangeably with the electronic/virtual interprofessional consultation services. A telephone/internet/electronic health record interprofessional consultation is defined in the 2023 CPT Manual as consultations in which "a patient's treating (e.g., attending or primary) physician or other qualified health care professional (QHP) requests the opinion and/or treatment advice of a physician or other QHP specific specialty expertise (the consultant) to assist in the diagnosis and/or management of the patient's problem without patient face-to-face contact with the consultant."[2] For the purposes of this paper we will use the term "eConsult."

As with telehealth delivered services in general, the use of eConsults to provide care has increased in the last few years. This development and increase in use have been spurred on by COVID-19. During the pandemic years, states began to more fully actualize their telehealth policies as the recognition of technology's ability to provide services and improve access increased. Medicaid programs that had narrow telehealth policies pre-COVID-19, began to expand them during the pandemic and in some cases retained them post-COVID-19. We have also seen the number of established Medicaid policies related to the coverage and reimbursement of eConsult services likewise multiply.

However, those gains in coverage and payment for eConsult services have not been made in regards to federally qualified health centers (FQHCs). While Medicaid policies related to the coverage and reimbursement of eConsult has multiplied in the last few years, they have remained mostly for other health care providers to utilize and not FQHCs. It is rare to find a Medicaid eConsult policy that even addresses FQHCs let alone allows them to bill for these services. More often than not, FQHCs aren't specified in the policies, leaving clinics in a grey area on whether they can provide eConsult services and be reimbursed.

The latter situation is what was historically seen in regards to general telehealth Medicaid policies. While the past few years Medicaid programs have begun to specify the extent FQHCs can provide services via telehealth and be reimbursed, prior to COVID-19, many Medicaid programs did not address the applicability of their telehealth policies to FQHCs.

This paper will examine the current state of eConsult Medicaid policies in relation to FQHCs. This paper will look at a sampling of states that fall into one of three categories:

- Have eConsult policies that explicitly allow FQHCs
- Have eConsult policies that explicitly exclude FQHCs
- Have eConsult policies that do not specify what the policy is in regards to FQHCs

[1] Telehealth.hhs.gov - https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-emergency-departments/e-consults (Accessed Feb. 15, 2024).
[2] American Medical Association, CPT® 2023 CPT Coding Manual, p. 59.

The policies will be examined to attempt to answer the following questions:

- Are there reasons given for why FQHCs are included/excluded?
- Are there commonalities in the decisions made by various states?

eConsult Code Coverage

An examination of the 50 states, District of Columbia, Puerto Rico and the Virgin Islands' Medicaid Fee Schedules was made to determine if specific eConsult codes were listed as being reimbursed by the state Medicaid program. This examination took place on January 1, 2024. Therefore, changes made after that date would not be reflected in the results.

The following eConsult codes were searched for:

99446	Interprofessional telephone/internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	11-20 minutes of medical consultative discussion and review
99448	21-30 minutes of medical consultative discussion and review
99449	31 minutes or more of medical consultative discussion and review
99451	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes of medical consultative discussion and review
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes

From the information gathered in examining the fee schedules, the following states were selected.

STATES WITH SPECIFIC FQHC ECONSULT POLICY – ALLOWABLE	STATES WITH SPECIFIC FQHC ECONSULT POLICY – NOT ALLOWED	STATES WITH ECONSLUT POLICY – FQHCS NOT SPECIFIED[3]
Utah	California Connecticut Pennsylvania	Colorado Michigan

[3] The states selected for having non-FQHC specific eConsult policies were chosen because they are fairly recent developments and the states have provided more information around the decision unlike some early changes where no announcement was made, and the code may have simply appeared in the fee schedule.

CMS ROLE

One significant policy development needs to be noted and which may explain the increased number of Medicaid eConsult policies being developed in the past year. In January 2023, the Center for Medicare and Medicaid Services (CMS) issued a letter to state officials that "clarifies that Medicaid and CHIP coverage and payment of interprofessional consultation is permissible, even when the beneficiary is not present, as long as the consultation is for the direct benefit of the beneficiary."[4] Previously CMS did not view eConsult as an option for Medicaid programs to cover (see Connecticut and Pennsylvania sections below). FQHCs were not mentioned specifically in the 2023 letter.

However, CCHP did send a direct message to CMS asking the following:

How do federally qualified health centers (FQHCs) fit into this new policy? Are FQHCs eligible for Medicaid reimbursement for interprofessional consultations if they are the ones providing the consultations OR the provider that initiates the interaction?

CMS reply to that direct correspondence was:

CMS is defining interprofessional consultation as a distinct, coverable service in the Medicaid program and in CHIP, for which payment can be made directly to the consulting provider. No provider type is exempt from the guidance outlined in the SHO; however, there are federal and state-specific variables that may impact reimbursement. States are encouraged to contact CMS to discuss their specific circumstances.[5]

Two significant items should be noted in CMS' response:

1. CMS notes they have no specific policy excluding FQHCs as a consulting provider (or any type of provider), but that other policies, either on the federal or state level (or both), may lead to an exclusion. Therefore, even if no federal rule/policy prohibits an FQHC from acting as the consulting provider in an eConsult exchange, a state may have a policy.
2. CMS' definition of an interprofessional consultation is "a distinct, coverable service in the Medicaid program and in CHIP, for which payment can be made directly to the **consulting provider**." (emphasis added). The foregoing could be interpreted in two ways: that payment can now be made to the consulting provider and there is no prohibition on paying a referring provider as well, or the specific mention of the consulting provider means only the consulting provider, and not the referring provider, may be reimbursed. If the latter is the correct interpretation, the specification of a consulting provider would not allow a referring provider to be able to bill (which they could under CPT 99452). Therefore, an FQHC **requesting** a consultation via eConsult, would not be reimbursed. This dual potential interpretation may be an influence in how a state Medicaid program developed its eConsult policy. If the program used the second interpretation, it may have limited its policies to only reimburse the consulting provider in these interactions.

As noted, the CMS letter was issued in January 2023 and there was a proliferation of Medicaid eConsult policies released that same year. It would not be a stretch of reasoning to think that a CMS clarification can have significant impact on the development of state Medicaid policies.

[4] Center for Medicare and Medicaid Services, SHO-23-001, Jan, 5, 2023. https://www.medicaid.gov/sites/default/files/2023-12/sho23001.pdf (Accessed Feb. 15, 2024).
[5] CCHP correspondence to CMS dated January 17, 2023. Reply received February 10, 2023.

STATE WITH SPECIFIC ECONSULT POLICIES THAT ALLOW FQHCS

Utah is the only state that has specific information related to FQHCs that indicate they can be reimbursed for eConsult. In Utah Medicaid, all of the eConsult codes are available for FQHCs to utilize, however, 99446-99449 are limited to psychiatrists using telepsychiatry only (when looking up the codes on Utah's site, you must select the provider (FQHC (066)) and provide the CPT code and date of service).[6] CPT codes 99451 and 99452 are not limited to telepsychiatry. These codes went into effect on July 1, 2023.

As the only state that specifically notes FQHCs would be reimbursed for eConsult, the decision for this may simply be because FQHCs are eligible providers. The instructions regarding the eligibility of these codes appeared in the Utah Medicaid bulletin for July 2023.[7]

It should also be noted that while not considered under the umbrella of the "eConsult" codes, CPT code 99358 – Prolonged evaluation and management services before and/or after direct patient care can also be billed and Utah Medicaid makes this direct connection with the eConsult codes, noting "The treating physician, consulting with the psychiatrist, reports CPT code 99358."[8] By including 99358 as a billable code, Utah Medicaid is covering some of the costs on the referring provider end (and also making this available to FQHCs). However, it should be stressed this is only available for telepsychiatry.

STATES WITH SPECIFIC POLICIES THAT PROHIBIT FQHCS FROM PROVIDING ECONSULT SERVICES AND BEING REIMBURSED UNDER MEDICAID

California, Connecticut and Pennsylvania are three states that have specific written policies that prohibit FQHCs from providing eConsult services and being reimbursed by the Medicaid program. Connecticut had a history of reimbursing FQHCs for eConsult before 2020. In December 2019, Connecticut Medicaid issued Provider Bulletin 2019-75. In that bulletin, which was issued to all Medicaid providers not just FQHCs, Connecticut Medicaid informed providers that it would no longer reimburse for 99451 and 99452 as it had been doing "[d]ue to the guidance received by the Centers for Medicare and Medicaid Services (CMS), reimbursement for electronic consultations does not meet the federal requirements."[9] Despite the January 2023 CMS letter referenced above, this policy has not been changed.

California Medicaid only reimburses for one eConsult code, 99451. California Medicaid does allow FQHCs to be reimbursed for live video, audio-only, and store-and-forward delivered services. Despite noting that eConsult is under the "auspice" of store-and-forward, California Medicaid explicitly prohibits FQHCs from being reimbursed for eConsult, e-visits and remote patient monitoring (RPM).[10] "E-consults are not applicable for FQHCs, RHCs, or IHS-MOA clinics."[11] As was noted in CMS' reply to CCHP's question that was referenced earlier, there may be state policies that could impact availability of eConsult reimbursement in Medicaid programs to some providers.

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[6] Utah Department of Health & Human Service, Office Healthcare Policy and Authorization, PRISM Coverage and Reimbursement Code Lookup. https://health.utah.gov/stplan/lookup/CoverageLookup.php (Accessed Feb. 15, 2024).

[7] Utah Medicaid Information Bulletin (July 2023). https://medicaid.utah.gov/utah-medicaid-official-publications/ (Accessed Feb. 15, 2024).

[8] Utah Medicaid Provider Manual, Division of Integrated Health Care, Section I: General Information, p. 52 (Jan. 2024). https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf (Accessed Feb. 23, 2024).

[9] Connecticut Medical Assistance Program, Provider bulleting 2019-75 (December 2019). https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=PB19_75.pdf&URI=Bulletins/PB19_75.pdf (Accessed Feb. 15, 2024).

[10] California Department of Health Care Services Rural Health Clinics (RHC)and Federally Qualified Health Centers (FQHCs) Outpatient Services Manual (January 2023), p. 13. https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C983B7D9-42B3-4543-BF93-D272AB764BDD/rural.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO (Accessed Feb. 23, 2024).

[11] https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D5289F68-C42E-4FE8-B59F-FA44A06D2863/mednetele.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

In their telehealth provider manual, California Medicaid does distinctly define eConsult separate from asynchronous store-and-forward, treating the two differently. Their treatment is reminiscent in some ways of how Medicare treats eConsult services, as something distinct and separate from telehealth. Under Medicare policy, eConsult falls under a grouping of services called Communications Technology Based Services (CTBS). These services include eConsult, RPM and e-visits. Telehealth is treated differently with separate policies and the distinction between the two is that telehealth services are a direct replacement for a service that could have taken place in-person, while CTBS services are services that have no in-person equivalent but are services that can be done via technology.

This separation in having two different tracks of services appears in some form in California Medicaid although California treats all of these services under the umbrella of "telehealth" yet has separate policies specifically related to eConsult that do not apply to the "telehealth" services. RPM and eConsult services are also on a separate fee schedule from live video and asynchronous store-and-forward delivered services. Rationale given in the past for these different rates is that "these interactions are not typically viewed as being equivalent to face-to-face in-person visits and therefore will be reimbursed using specific codes with separate rates."[12] Given this different classification of eConsult as not the typical services provided, it is possible that could be a reason for not allowing certain entities like FQHCs to bill for them.

Pennsylvania Medicaid began to reimburse for eConsult starting January 1, 2024. In their Bulletin announcing this policy, the program specifically referenced the CMS letter noting that "CMS's previous policy prohibited coverage and payment of provider-to-provider consultation as a distinct service."[13] The bulletin notes that eligible providers for eConsults include "MA enrolled independent medical/surgical clinics, physicians, certified nurse midwives, certified nurse practitioners, physician assistants, podiatrists, certain dental specialties, and psychologists."[14] By checking the detailed fee schedule in the bulletin, we can determine that FQHCs are not included among the eligible providers.[15] While Pennsylvania Medicaid appears to adopt as policy much of what was allowed in the CMS letter, it still limited the list of eligible providers.

STATES WITH NO FQHC SPECIFIC POLICY ON ECONSULT

Colorado and Michigan were selected as the two states that had eConsult policies but did not specifically mention FQHCs. The reason for their selection is that they only recently adopted their policies and we are trying to determine if factors, such as the CMS 2023 letter on eConsult, spurred this action.

Colorado's approach is interesting. First, they only are reimbursing for 99451 and 99452, but have specifically defined an eConsult as "an asynchronous dialogue initiated by a Treating Practitioner seeking a Consulting Practitioner's expert opinion without a face-to-face member encounter with the Consulting Practitioner."[16] Therefore, live video and audio-only interactions would not be considered eConsult by Colorado Medicaid, though the definitions for those codes allow for audio-only. Given Colorado's definition of who can be a treating or consulting practitioner, it does not appear to exclude FQHCs (though other requirements to qualify for eConsult reimbursement exists).

[12] California Department of Health Care Services, Post-COVID-19 Public Health Emergency Telehealth Policy Recommendations (February 2, 2021). https://www.dhcs.ca.gov/services/medi-cal/Documents/DHCS-Telehealth-Policy-Proposal-2-1-21.pdf (Accessed February 23, 2024).
[13] Pennsylvania Department of Human Services, Medial Assistance Bulletin, December 27, 2023, p. 2. https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2023122701.pdf
[14] Ibid, p. 1.
[15] FQHC's provider type code is "08" for clinic and "080" for specialty. A search of the fee schedule did not show this combination.
[16] Colorado Department of Health Care Policy & Financing, Telemedicine Billing Manual: eConsult. https://hcpf.colorado.gov/telemedicine-manual#covServ (Accessed Feb. 22, 2024).

Like Colorado, Michigan Medicaid specifically defines eConsult as asynchronous. "This policy addresses interprofessional consultations (including eConsults), which are defined as a type of asynchronous telemedicine service in which the beneficiary's Medicaid-enrolled treating provider (e.g., attending or primary) requests the opinion and/or treatment advice of a Medicaid-enrolled consulting provider with the specialty expertise to assist in the diagnosis and/or management of the beneficiary's condition without beneficiary face-to-face contact with the consulting provider."[17] Michigan Medicaid does allow FQHCs to be either the originating or distant site. However, telehealth policy found in the provider manual as it relates to FQHCs only talks of synchronously delivered services (for example, ensuring modifier "95" is used). There is no reference that FQHCs may provide services asynchronously. Given that Michigan Medicaid telehealth policy appears to limit FQHCs to only services delivered synchronously, despite the lack of specific allowance or prohibition of using eConsult, FQHCs may still not be able to use it, as Michigan Medicaid defines eConsult as an asynchronous service. If this is the case it would be another example of a state made policy given that the CPT definition does not limit eConsult to asynchronous, but Michigan Medicaid policy does.

DISCUSSION

Are there reasons given for why FQHCs are included/excluded?

In examining the states that explicitly excluded FQHCs (California and Connecticut), no specific reason for the exclusion was given. Connecticut Medicaid stopped reimbursing for eConsult for all providers, not just FQHCs, and their reason was a correspondence they received from CMS. However, as noted earlier, though CMS issued a letter in January 2023 that appears to contradict whatever correspondence was sent to Connecticut previously, thus far, it does not appear that the Connecticut Medicaid program has altered their policy in response to that letter.

On the other side, Utah Medicaid which does allow FQHCs to be reimbursed for the eConsult codes also did not provide an explanation as to how they reached this decision. As noted earlier, the decision may have been based on the fact that FQHCs are among the eligible providers for telehealth delivered services so Utah simply includes them. However, it should also be noted that many of the eConsult codes are limited to only telepsychiatry, though this applies to all providers, not just FQHCs.

Are there commonalities in the decisions made by various states?

Several themes emerge from the sample of states examined. The most obvious observation is that the CMS January 2023 letter likely had an impact in states adopting eConsult policies. In fact, several states examined here specifically reference that letter in their policy announcements. In addition, a New York Medicaid Update from February 2023 mentioned the CMS letter and that while eConsults are not currently a covered service, NYS Medicaid intends to request approval of eConsult coverage from CMS and will release guidance once approved.[18] Additionally, even if the letter was not specifically mentioned, the timing and adoption of policy in 2023/early 2024, may indicate that the CMS letter potentially had influence on the policy.

However, there still remained some hesitancy to adopt policies meeting the broadest parameters set by the CMS letter. For example, the CMS letter made no mention that eConsult services should be limited

[17] Michigan Medicaid, MMP Bulletin, MMP 23-60 (November 1, 2023). https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Final-Bulletin-MMP-23-60-Telemedicine.pdf?rev=8fdee86f3726455aa5b9580d27c70976&hash=EF2B38A1BE9CE90A0EF9917F06EB6C3A

[18] New York State Department of Health, Medicaid Update, Comprehensive Guidance Regarding Use of Telehealth Including Telephonic Services After the Coronavirus Disease 2019 Pubic Health Emergency (Feb. 2023). https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no3_feb23_speced_pr.pdf (Accessed Feb. 28, 2024).

to asynchronous only. In fact, the letter stresses, "The broad flexibility for states to utilize telehealth technology—both synchronous (audio-only, audio-visual) and asynchronous (store and forward)—to deliver covered services extends to interprofessional consultations."[19] Yet several states, Colorado and Michigan, placed limitations on the modality. Utah limited some of the codes to only telepsychiatry. Pennsylvania adopted a broader policy but left out FQHCs as eligible providers. While federal policies are providing room for state Medicaid programs to utilize eConsult, the states are not necessarily taking advantage of that ability in many areas, not just in allowing FQHCs to be an eligible provider.

One thing to note about the selected states in this study, aside from California, the other states either do not have a specific asynchronous policy for FQHCs, do not reimburse for asynchronous store-and-forward generally and/or may have a definition of telehealth that limits any other modality beyond synchronous.

STATE	ASYNCHRONOUS STORE-AND-FORWARD POLICY
California	FQHCs are reimbursed for asynchronous store-and-forward
Colorado	No. Member presence during visit required, excluding the possibility of utilizing store-and-forward in most instances
Connecticut	No explicit mention of coverage of store-and forward
Michigan	Allowed in specific situations but no mention of FQHCs
Pennsylvania	Not reimbursed when used alone, no specific mention of FQHCs
Utah	No coverage of services when provided through asynchronous communication

Though neither CMS in their letter or the HHS definition provided at the beginning of this paper call eConsult solely an asynchronous interaction, it has often been viewed as that, particularly by its proponents. In practice, an asynchronous means of communication is likely the most utilized modality. Even an initial scan of the literature associated with eConsult refers to it as an asynchronous communication between two providers.

Given the lack of specific policy on asynchronously delivered services in Medicaid programs' general telehealth policy, it may contribute to the slower adoption/development of eConsult policy. From the sample states, California is an outlier, but California has also had an established asynchronous store-and-forward policy in its Medicaid program for over a decade. Even with that long history, California Medicaid still only reimburses for one eConsult code and does not make it available for FQHCs to bill. Nevertheless, a common misunderstanding limiting eConsults to asynchronous telehealth only, and asynchronous telehealth being the least reimbursed modality more generally across Medicaid programs, can be contributing to the limited eConsult policies found.

Another reason state Medicaid policies may not have specifically referenced FQHCs or not allowed FQHCs to be able to bill for eConsult is the vagueness regarding who is a qualified practitioner. The CMS letter only refers to a "qualified health care practitioner" and does not specify what this means. The clarification cited earlier was only in a personal correspondence between CCHP and CMS. Therefore, without a specific list, states may have felt they should be more limited in what practitioners will be reimbursed for eConsult. Given that only recently have Medicaid programs become more explicit regarding their general policies on telehealth as they applied to FQHCs, it likely should not be a surprise that they may not have been ready to develop or commit to a specific FQHC policy as it relates to eConsult without more explicit direction.

[19] «Center for Medicare and Medicaid Services, SHO-23-001, Jan, 5, 2023. p. 4. https://www.medicaid.gov/sites/default/files/2023-12/sho23001.pdf (Accessed Feb. 15, 2024).

Additionally, Medicare itself does not currently reimburse FQHCs for eConsults. Medicaid programs may simply be replicating the same policies as Medicare. While not specific to eConsult, reasons CMS has provided for not allowing FQHCs to be able to provide and be reimbursed for some CTBS services have been:

> *The RHC and FQHC payment models are distinct from the PFS model in that the payment is for a comprehensive set of services and supplies associated with an RHC or FQHC visit. A direct comparison between the payment for a specific service furnished in an RHC or FQHC and the same service furnished in a physician's office is not possible, because the payment for RHCs and FQHCs is a per diem payment that includes the cost for all services and supplies rendered during an encounter, and payment for a service furnished in a physician's office and billed under the PFS is only for that service.*[20]

State Medicaid programs may be employing the same reasoning that costs incurred using eConsult are already covered by the initial service provided to the patient that initiated the consultation. In addition, if states consider eConsult to not be equivalent to in-person services and believe they can only pay FQHCs at the PPS rate, it would complicate their ability to reimburse it at a lower rate. However, in an Assembly Health Committee analysis on a 2021 California bill that would have required eConsult coverage for FQHCs, it was stated that CMS has provided guidance to states on paying providers for services not covered as part of the FQHC/RHC benefit using the state plan FFS payment methodology established for that service.[21] The analysis noted the significant fiscal impact of the bill. The bill eventually was vetoed due to concerns that were later addressed by the CMS January 2023 letter, specifically the clarification that payment of interprofessional consultation is permissible even when the beneficiary is not present, as long as the consultation is for the direct benefit of the beneficiary.[22]

Lastly, the more-narrow development of eConsult policies may be related to fiscal concerns a state may have. The broader the benefits policy, the more funding it may require. In a post-PHE era where federal funds being sent to the state are lessening, some states could be facing budget deficits and are only comfortable with very narrow policies.

CONCLUSION

The development of eConsult policy in Medicaid programs in general is slow and narrow. For FQHCs, it is even slower and at times may not even exist or there is an explicit prohibition. In many ways this is mirroring the development of states' general telehealth policy in their Medicaid programs: the development of the policy as it applies generally in the program came first, albeit slowly, and the FQHC portion followed later, mainly because the COVID-19 pandemic encouraged its development. Therefore, it should not be a surprise that there was such a lack of concrete policy to examine in this study. However, as noted in the foregoing, the CMS 2023 letter does appear to have provided states with more clarity regarding what they can do with eConsult. Perhaps in time, we may see similar policy developments as observed for general telehealth policy, and states may feel they can take full advantage of the scope of what is allowed and begin to include FQHCs among the providers eligible to bill for eConsults.

[20] Federal Register, Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part By for CY 2019... (November 23, 2018). https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions

[21] California Legislative Analysis SB 365 (2021-2022). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB365 (Accessed Mar. 1, 2024).

[22] California Office of the Governor, Veto Message SB 365 (October 6, 2021). https://www.gov.ca.gov/wp-content/uploads/2021/10/SB-365-PDF-002.pdf (Accessed Mar. 1 2024).

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