

HOUSE No. 3585

The Commonwealth of Massachusetts

PRESENTED BY:

Vanna Howard

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to telehealth and digital equity for patients.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>1/10/2023</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/18/2023</i>

HOUSE No. 3585

By Representative Howard of Lowell, a petition (accompanied by bill, House, No. 3585) of Vanna Howard and Colleen M. Garry relative to healthcare coverage for telehealth. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act relative to telehealth and digital equity for patients.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 30 of Chapter 32A of the General Laws, as appearing in the 2020
2 Official Edition, is hereby amended by striking out subsection (c) and inserting in place thereof
3 the following subsection:-

4 (c) Coverage for telehealth services may include utilization review to determine the
5 appropriateness of telehealth as a means of delivering a health care service; provided, however,
6 that the determination shall be made in the same manner as if the service was delivered in
7 person. A carrier shall not be required to reimburse a health care provider for a health care
8 service that is not a covered benefit under the plan or reimburse a health care provider not
9 contracted under the plan except as provided for under subclause (i) of clause (4) of the second
10 sentence of subsection (a) of section 6 of chapter 176O. Carriers shall not impose any prior
11 authorization requirements to obtain medically necessary health services via telehealth that
12 would not apply to the receipt of those same services on an in-person basis.

13 SECTION 2. Said section 30 of said chapter 32A of the General Laws, as so appearing, is
14 hereby further amended by adding the following subsection:-

15 (i) Coverage for telehealth services shall include reimbursement for interpreter
16 services for patients with limited English proficiency or those who are deaf or hard of hearing.

17 SECTION 3. Section 79 of Chapter 118E of the General Laws, as so appearing, is hereby
18 amended by striking out subsection (c) and inserting in place thereof the following section:-

19 (c) The division may undertake utilization review to determine the appropriateness of
20 telehealth as a means of delivering a health care service; provided, however, that the
21 determination shall be made in the same manner as if service was delivered in-person. The
22 division, a contracted health insurer, health plan, health maintenance organization, behavioral
23 health management firm or third-party administrator under contract to a Medicaid managed care
24 organization or primary care clinician plan shall not be required to reimburse a health care
25 provider for a health care service that is not a covered benefit under the plan or reimburse a
26 health care provider not contracted under the plan except as provided for under subclause (i) of
27 clause (4) of the second sentence of subsection (a) of section 6 of chapter 176O. The division, a
28 contracted health insurer, health plan, health maintenance organization, behavioral health
29 management firm or third-party administrators under contract to a Medicaid managed care
30 organization or primary care clinician plan shall not impose any prior authorization requirements
31 to obtain medically necessary health services via telehealth that would not apply to the receipt of
32 those same services on an in-person basis.

33 SECTION 4. Said section 79 of said chapter 118E of the General Laws, as so appearing,
34 is hereby further amended by adding the following subsection:-

35 (i) The division and its contracted health insurers, health plans, health maintenance
36 organizations, behavioral health management firms and third-party administrators under contract
37 to a Medicaid managed care organization, accountable care organization or primary care
38 clinician plan shall include in its coverage for reimbursement for interpreter services for patients
39 with limited English proficiency or those who are deaf or hard of hearing in its coverage for
40 telehealth services.

41 SECTION 5. Section 47MM of chapter 175 of the General Laws, as so appearing, is
42 hereby amended by striking out subsection (c) and inserting in place thereof the following
43 subsection:-

44 (c) Coverage for telehealth services may include utilization review to determine the
45 appropriateness of telehealth as a means of delivering a health care service; provided, however,
46 that the determination shall be made in the same manner as if the service was delivered in-
47 person. A policy, contract, agreement, plan or certificate of insurance issued, delivered or
48 renewed within or without the commonwealth shall not be required to reimburse a health care
49 provider for a health care service that is not a covered benefit under the plan or reimburse a
50 health care provider not contracted under the plan except as provided for under subclause (i) of
51 clause (4) of the second sentence of subsection (a) of section 6 of chapter 176O. A policy,
52 contract, agreement, plan or certificate of insurance issued, delivered or renewed within the
53 commonwealth shall not impose any prior authorization requirements to obtain medically
54 necessary health services via telehealth that would not apply to the receipt of those same services
55 on an in-person basis.

56 SECTION 6. Said section 47MM of said chapter 175 of the General Laws, as so
57 appearing, is hereby further amended by adding the following subsection:-

58 (i) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
59 renewed within the commonwealth that provides coverage for telehealth services shall include
60 reimbursement for interpreter services for patients with limited English proficiency or those who
61 are deaf or hard of hearing.

62 SECTION 7. Section 38 of chapter 176A of the General Laws, as so appearing, is hereby
63 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

64 (c) Coverage for telehealth services may include utilization review to determine the
65 appropriateness of telehealth as a means of delivering a health care service; provided, however,
66 that the determination shall be made in the same manner as if the service was delivered in-
67 person. A carrier shall not be required to reimburse a health care provider for a health care
68 service that is not a covered benefit under the plan or reimburse a health care provider not
69 contracted under the plan except as provided for under subclause (i) of clause (4) of the second
70 sentence of subsection (a) of section 6 of chapter 176O. Carriers shall not impose any prior
71 authorization requirements to obtain medically necessary health services via telehealth that
72 would not apply to the receipt of those same services on an in-person basis.

73 SECTION 8. Said section 38 of said chapter 176A of the General Laws, as so appearing,
74 is hereby further amended by adding the following subsection:-

75 (i) Coverage for telehealth services shall include reimbursement for interpreter
76 services for patients with limited English proficiency or those who are deaf or hard of hearing.

77 SECTION 9. Section 25 of chapter 176B of the General Laws, as so appearing, is hereby
78 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

79 (c) Coverage may include utilization review to determine the appropriateness of
80 telehealth as a means of delivering a health care service; provided, however, that the
81 determination shall be made in the same manner as if the service was delivered in person. A
82 carrier shall not be required to reimburse a health care provider for a health care service that is
83 not a covered benefit under the plan or reimburse a health care provider not contracted under the
84 plan except as provided for under subclause (i) of clause (4) of the second sentence of subsection
85 (a) of section 6 of chapter 176O. Carriers shall not impose any prior authorization requirements
86 to obtain medically necessary health services via telehealth that would not apply to the receipt of
87 those same services on an in-person basis.

88 SECTION 10. Said section 25 of said chapter 176B of the General Laws, as so
89 appearing, is hereby further amended by adding the following subsection:-

90 (i) A contract that provides coverage for telehealth services shall include
91 reimbursement for interpreter services for patients with limited English proficiency or those who
92 are deaf or hard of hearing who require interpreter services.

93 SECTION 11. Section 33 of Chapter 176G of the General Laws, as so appearing, is
94 hereby amended by striking out subsection (c) and inserting in place thereof the following
95 subsection:-

96 (c) A carrier may undertake utilization review to determine the appropriateness of
97 telehealth as a means of delivering a health care service; provided, however, that the
98 determination shall be made in the same manner as if the service was delivered in person. A

99 carrier shall not be required to reimburse a health care provider for a health care service that is
100 not a covered benefit under the plan or reimburse a health care provider not contracted under the
101 plan except as provided for under subclause (i) of clause (4) of the second sentence of subsection
102 (a) of section 6 of chapter 176O. Carriers shall not impose any prior authorization requirements
103 to obtain medically necessary health services via telehealth that would not apply to the receipt of
104 those same services on an in-person basis.

105 SECTION 12. Said section 33 of said chapter 176G of the General Laws, as so appearing,
106 is hereby further amended by adding the following subsection:-

107 (i) A contract that provides coverage for telehealth services shall include reimbursement
108 for interpreter services for patients with limited English proficiency or those who are deaf or
109 hard of hearing.

110 SECTION 13. Section 13 of chapter 176I of the General Laws, as so appearing, is hereby
111 amended by striking out subsection (c) and inserting in place thereof the following subsection:-

112 (c) An organization may undertake utilization review to determine the appropriateness of
113 telehealth as a means of delivering a health care service; provided, however, that the
114 determination shall be made in the same manner as if the service was delivered in person. An
115 organization shall not be required to reimburse a health care provider for a health care service
116 that is not a covered benefit under the plan or reimburse a health care provider not contracted
117 under the plan except as provided for under subclause (i) of clause (4) of the second sentence of
118 subsection (a) of section 6 of chapter 176O. An organization shall not impose any prior
119 authorization requirements to obtain medically necessary health services via telehealth that
120 would not apply to the receipt of those same services on an in-person basis.

121 SECTION 14. Said section 13 of said chapter 176I of the General Laws, as so appearing,
122 is hereby further amended by adding the following subsection:-

123 (i) A preferred provider contract that provides coverage for telehealth services shall
124 include reimbursement for interpreter services for patients with limited English proficiency or
125 those who are deaf or hard of hearing.

126 SECTION 15. Section 1 of chapter 176O of the General Laws, as so appearing, is hereby
127 amended by striking out the definition of “Chronic disease management” and inserting in place
128 thereof the following definition:-

129 “Chronic disease management”, care and services for the management of chronic
130 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
131 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
132 failure, hypertension, history of stroke, cancer, COVID-19 and its long-term symptoms, serious,
133 long-term physical diseases including, but not limited to, cerebral palsy, cystic fibrosis,
134 HIV/AIDS, blood diseases, such as anemia or sickle cell disease, muscular dystrophy, spina
135 bifida, epilepsy and coronary heart disease.

136 SECTION 16. Chapter 176O of the General Laws is hereby amended by striking out
137 section 26 and inserting in place thereof the following section:-

138 Section 26. The commissioner shall establish standardized processes and procedures
139 applicable to all health care providers and payers for the determination of a patient's health
140 benefit plan eligibility at or prior to the time of service, including telehealth services. As part of
141 such processes and procedures, the commissioner shall (i) require payers to implement
142 automated approval systems such as decision support software in place of telephone approvals

143 for specific types of services specified by the commissioner and (ii) require establishment of an
144 electronic data exchange to allow providers to determine eligibility at or prior to the point of care
145 and determine the insured's cost share for a proposed telehealth service, including any
146 copayment, deductible, coinsurance or other out of pocket amount for any covered telehealth
147 services.

148 SECTION 17. Section 67 of chapter 260 of the acts of 2020 is hereby amended by
149 striking out the last sentence and inserting in place thereof the following sentence:- The report,
150 along with a suggested plan to implement its recommendations in order to maximize access,
151 quality of care and cost savings, shall be submitted to the joint committee on health care
152 financing and the house and senate committees on ways and means not later than 2 years from
153 the effective date of this act; provided, however, that not later than 1 year from the effective date
154 of this act, the commission shall present a report on: (i) the estimated impacts on costs and time
155 spent by patients accessing healthcare services due to the use of telehealth; (ii) the estimated
156 impacts to access to healthcare services due to the use of telehealth including employment
157 productivity, transportation costs and school attendance; (iii) the estimated impacts on healthcare
158 costs due to the impacts of telehealth on COVID-19 transmission and treatment; (iv) the
159 estimated impact on the costs of personal protective equipment for providers and healthcare
160 facilities due to the use of telehealth; (v) an estimate of the impact of health outcomes to those
161 communities that have not been able to access telehealth services due to language or accessibility
162 issues; and vi) an interim estimate of the fiscal impact of telehealth use in the commonwealth
163 that shall include public health outcomes, increased access to services, reduction in
164 transportation services and reduction in hospitalizations. The report shall additionally include
165 data regarding the number of telehealth visits utilizing an interpreter for those who are deaf and

166 hard of hearing and for languages other than English and shall quantify the number of telehealth
167 visits in each language.

168 SECTION 18. Notwithstanding any general or special law to the contrary, the health
169 policy commission shall establish a Digital Bridge Pilot Program to support telehealth services
170 and devices and to provide funding for healthcare and human service providers and their patients
171 and clients to support the purchase of telecommunications, information services and connected
172 devices necessary to provide telehealth services to patients and clients. Communities that have
173 had the highest prevalence of and been disproportionately affected by COVID-19 shall be
174 prioritized for funding under this program in addition to communities that experience barriers in
175 accessing telehealth services due to language constraints, socioeconomic constraints or other
176 accessibility issues. Eligible programs may include but not be limited to public private
177 partnerships with telecommunication providers, municipalities, healthcare providers and other
178 organizations.

179 Eligible services may include, but not be limited to: telecommunications services;
180 broadband and internet connectivity services including the purchase of broadband subscriptions
181 and the establishment of wireless hotspots, so-called; voice services; remote patient monitoring
182 platforms and services; patient reported outcome platforms; store and forward services, including
183 the asynchronous transfer of patient images and data for interpretation by a physician; platforms
184 and services to provide synchronous video consultation; tablets, smartphones, or connected
185 devices to receive connected care services at home for patient or provider use; and telemedicine
186 kiosks/carts for provider sites. Funding shall not be used for unconnected devices that patients
187 utilize in the home and then manually report their results to providers.

188 SECTION 19. (a) Notwithstanding any general or special law to the contrary, the health
189 policy commission shall establish a Digital Health Navigator Tech Literacy Pilot Program,
190 herein referred to as the program, to complement and work in conjunction with the Digital
191 Bridge Pilot Program. The program shall establish telehealth digital health navigators including
192 community health workers, medical assistants and other healthcare professionals to assist
193 patients with accessing telehealth services. The program and its funding shall prioritize
194 populations who experience increased barriers in accessing healthcare and telehealth services,
195 including those disproportionately affected by COVID-19, the elderly and those who may need
196 assistance with telehealth services due to limited English proficiency or limited literacy with
197 digital health tools. Entities receiving funding through this program will provide culturally and
198 linguistically competent hands-on support to educate patients on how to access broadband and
199 wireless services and subsequently utilize devices and online platforms to access telehealth
200 services.

201 (b) The health policy commission shall publish a report, 1 year following the
202 implementation of said Digital Bridge Health Navigator Tech Literacy Pilot Program, which
203 shall include but not be limited to the following: (i) an identification of the program's telehealth
204 navigators disaggregated by healthcare profession; (ii) the resources required to provide literacy
205 with digital health tools, including, but not limited to, the cost of operating said pilot program
206 and additional workforce training for the program's telehealth navigators; (iii) an identification
207 of the populations served by the program disaggregated by demographics including, but not
208 limited to, race, ethnicity, age, gender identity and primary language spoken; (iv) an
209 identification of the regions served by the program across the commonwealth; and (v) an
210 evaluation of the efficacy of the program in increasing the utilization of telehealth services

211 disaggregated by patient demographics and including, but not limited to, the rate of attendance at
212 telehealth visits.

213 SECTION 20. (a) Notwithstanding any general or special law to the contrary, the
214 executive office of health and human services shall establish a task force on an interstate medical
215 licensure compact and licensure reciprocity. The task force shall consist of: the secretary of the
216 executive office of health and human services or a designee who shall serve as chair; the
217 commissioner of the department of public health or a designee; the commissioner of the
218 department of mental health or a designee; the executive director of the board of registration in
219 medicine or a designee; the undersecretary of the office of consumer affairs and business
220 regulation or a designee; a representative from the health policy commission; a representative
221 from the Massachusetts Medical Society; a representative from the Massachusetts Health and
222 Hospital Association; and a representative from the Massachusetts League of Community Health
223 Centers.

224 (b) The task force shall conduct an analysis and issue a report evaluating the
225 commonwealth's options to facilitate appropriate interstate medical practice and the practice of
226 telemedicine including the potential entry into an interstate medical licensure compact or other
227 reciprocity agreement. The analysis and report shall include but not be limited to: (i) an analysis
228 of physician job vacancies in the commonwealth broken down by practice specialization and
229 projected vacancies based on the demographics of the commonwealth's physician workforce and
230 medical school graduate retention rates; (ii) an analysis of other states' entry into the interstate
231 medical licensure compact and any impact on quality of care resulting from entry; (iii) an
232 analysis of the ability of physicians to provide follow-up care across state lines, including via
233 telehealth; (iv) an analysis of registration models for providers who may provide care for patients

234 via telehealth with the provider located in one state and the patient located in another state,
235 provided that said analysis would include delineation of provider responsibilities for registration
236 and reporting to state professional licensure boards; (v) an analysis of impacts to health care
237 quality, cost and access resulting from other states' entry into a medical licensure compact, as
238 well as anticipated impacts to health care quality, cost and access associated with entry into an
239 interstate medical licensure compact; (vi) evaluations of barriers and solutions regarding
240 prescribing across state lines; (vii) evaluations of the feasibility of a regional reciprocity
241 agreement allowing telemedicine across state lines both for existing patient provider
242 relationships and the establishment of new relationships; (viii) evaluations of the feasibility of
243 the establishment of interstate proxy credentialing; and (ix) recommendations regarding the
244 commonwealth's entry into an interstate physician licensure compact or other licensure
245 reciprocity agreements.

246 (c) The task force shall submit its recommendations to the governor and the clerks of the
247 house of representatives and the senate not later than October 1, 2023.

248 SECTION 21. (a) Notwithstanding any general or special law to the contrary, the
249 executive office of health and human services shall establish a task force on interstate licensure
250 reciprocity for advanced practice registered nurses, physician assistants, behavioral and allied
251 health professions. The task force shall consist of: the secretary of the executive office of health
252 and human services or a designee who shall serve as chair; the commissioner of the department
253 of public health or a designee; the commissioner of the department of mental health or a
254 designee; the executive director of the board of registration in medicine or a designee; the
255 Undersecretary of the office of consumer affairs and business regulation or a designee; and 12
256 persons to be appointed by the secretary of the executive office of health and human services

257 representing organizations that represent advanced practice registered nurses, physician
258 assistants, hospitals, patients, behavioral health professions, allied health professions, telehealth
259 and other professional groups.

260 (b) The task force shall: (i) investigate interstate license reciprocity models with other
261 nearby states for advanced practice registered nurses, physician assistants, behavioral health,
262 allied health and other professions and specialties to ensure that there is sufficient access for
263 professionals throughout the region and ensure that continuity of care for patients is achieved for
264 patients that access services in state's throughout the region; and (ii) examine registration models
265 for providers who may provide care for patients via telehealth with the provider located in one
266 state and the patient located in another state. Such examination would include delineation of
267 provider responsibilities for registration and reporting to state professional licensure boards.

268 (c) The task force shall submit its recommendations to the governor and the clerks of the
269 house of representatives and the senate not later than February 1, 2024.

270 SECTION 22. Chapter 260 of the acts of 2020 is hereby amended by striking out section
271 76 and inserting in place thereof the following section:

272 Section 76. Section 63 is hereby repealed.

273 SECTION 23. Sections 77 and 79 of chapter 260 of the acts of 2020 are hereby repealed.