

HOUSE . . . . . No. 986

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker and Susannah M. Whipps

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:

Table with 3 columns: NAME, DISTRICT/ADDRESS, DATE ADDED. Lists names of legislators and their respective districts and petition dates.

|                                 |   |                   |
|---------------------------------|---|-------------------|
| <i>Mike Connolly</i>            | <i>26th Middlesex</i>                   | <i>3/29/2023</i>  |
| <i>Tommy Vitolo</i>             | <i>15th Norfolk</i>                     | <i>3/30/2023</i>  |
| <i>Tram T. Nguyen</i>           | <i>18th Essex</i>                       | <i>4/23/2023</i>  |
| <i>Adam Scanlon</i>             | <i>14th Bristol</i>                     | <i>5/3/2023</i>   |
| <i>Josh S. Cutler</i>           | <i>6th Plymouth</i>                     | <i>5/3/2023</i>   |
| <i>Margaret R. Scarsdale</i>    | <i>1st Middlesex</i>                    | <i>5/3/2023</i>   |
| <i>Carmine Lawrence Gentile</i> | <i>13th Middlesex</i>                   | <i>5/5/2023</i>   |
| <i>William J. Driscoll, Jr.</i> | <i>7th Norfolk</i>                      | <i>5/8/2023</i>   |
| <i>Sean Garballey</i>           | <i>23rd Middlesex</i>                   | <i>5/9/2023</i>   |
| <i>Natalie M. Blais</i>         | <i>1st Franklin</i>                     | <i>5/11/2023</i>  |
| <i>John J. Mahoney</i>          | <i>13th Worcester</i>                   | <i>5/16/2023</i>  |
| <i>Kate Donaghue</i>            | <i>19th Worcester</i>                   | <i>5/22/2023</i>  |
| <i>Jennifer Balinsky Armini</i> | <i>8th Essex</i>                        | <i>6/5/2023</i>   |
| <i>Erika Uytterhoeven</i>       | <i>27th Middlesex</i>                   | <i>6/8/2023</i>   |
| <i>Mindy Domb</i>               | <i>3rd Hampshire</i>                    | <i>6/22/2023</i>  |
| <i>Patricia A. Duffy</i>        | <i>5th Hampden</i>                      | <i>6/26/2023</i>  |
| <i>Rebecca L. Rausch</i>        | <i>Norfolk, Worcester and Middlesex</i> | <i>7/10/2023</i>  |
| <i>Bruce E. Tarr</i>            | <i>First Essex and Middlesex</i>        | <i>7/20/2023</i>  |
| <i>Denise C. Garlick</i>        | <i>13th Norfolk</i>                     | <i>7/25/2023</i>  |
| <i>Adrienne Pusateri Ramos</i>  | <i>14th Essex</i>                       | <i>8/16/2023</i>  |
| <i>Jacob R. Oliveira</i>        | <i>Hampden, Hampshire and Worcester</i> | <i>11/6/2023</i>  |
| <i>John H. Rogers</i>           | <i>12th Norfolk</i>                     | <i>12/20/2023</i> |

**HOUSE . . . . . No. 986**

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By Representatives Decker of Cambridge and Whipps of Athol, a petition (accompanied by bill, House, No. 986) of Marjorie C. Decker, Susannah M. Whipps and others relative to telehealth and digital equity for patients. Financial Services.

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**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 18AA of Chapter 6A of the General Laws, as most recently inserted  
2 by Section 1 of Chapter 174 of the Acts of 2022, is hereby amended by inserting after the word  
3 “benefits” the last time it appears the following:

4 The executive office of health and human services and the executive office of housing  
5 and economic development shall determine a method for the common application portal to also  
6 allow individuals to simultaneously apply to the affordable connectivity program administered  
7 by the federal communications commission.

8 SECTION 2. Section 30 of Chapter 32A of the General Laws, as most recently inserted  
9 by section 3 of Chapter 260 of the Acts of 2020, is hereby amended by striking out subsection (c)  
10 and inserting in place thereof the following:

11 (c) Coverage for telehealth services may include utilization review; provided, however,  
12 that any utilization review shall be made in the same manner as if the service was delivered in

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

19 SECTION 3. Section 30 of Chapter 32A of the General Laws, as most recently inserted  
20 by Section 3 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof  
21 the following subsections:

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

24 (j) Carriers providing coverage to an active or retired employee of the commonwealth  
25 insured under the group insurance commission shall develop and maintain procedures to identify  
26 and offer digital health education to enrollees with low digital health literacy to assist them with  
27 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
28 digital health literacy screening program or other similar procedure to identify current enrollees  
29 with low digital health literacy and a digital health education program to educate insured  
30 members regarding the effective use of telehealth technology including but not limited to  
31 distributing educational materials about how to access certain telehealth technologies in multiple  
32 languages, including sign language, and in alternative formats; holding digital health literacy  
33 workshops; integrating digital health coaching; offering enrollees in-person digital health

34 navigators; and partnering with local libraries and/or community centers that offer digital health  
35 education services and supports.

36 (k) Carriers providing coverage to an active or retired employee of the commonwealth  
37 insured under the group insurance commission shall make information available to the  
38 commission regarding the procedures that they have implemented under subsection (j) including  
39 but not limited to statistics on the number of enrollees identified with low digital health literacy  
40 and receiving digital health education, manner(s) or method of digital health literacy screening  
41 and digital health education, financial impact of the programs, and evaluations of effectiveness  
42 of digital health literacy interventions.

43 (l) Carriers providing coverage to an active or retired employee of the commonwealth  
44 insured under the group insurance commission shall not prohibit a physician licensed pursuant to  
45 Chapter 112 or otherwise authorized to provide healthcare services who is providing healthcare  
46 services to a patient who is physically located in Massachusetts at the time the healthcare  
47 services are provided via telehealth from providing such services from any location within  
48 Massachusetts or outside Massachusetts; provided, that the location from which the physician  
49 provides services does not compromise patient confidentiality and privacy and the location from  
50 which the physician provides the services does not exceed restrictions placed on the physician's  
51 specific license, including but not limited to, restrictions set by the hospital, institution, clinic or  
52 program in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws  
53 has been appointed.

54 SECTION 4. Subsection (a) of Section 79 of Chapter 118E of the General Laws, as most  
55 recently amended by Section 40 of Chapter 260 of the Acts of 20202, is hereby amended by  
56 inserting after the definition of “behavioral health services” the following:

57 “E-consults”, asynchronous, consultative, provider-to-provider communications within a  
58 shared electronic health record (EHR) or web-based platform that are intended to improve access  
59 to specialty expertise for patients and providers without the need for a face-to-face visit, focused  
60 on a specific question. E-consults are inclusive of the consult generated from one provider or  
61 other qualified health professional to another, and of communications before/after consultation  
62 back to the member and/or the member’s caregiver.

63 “Remote patient monitoring services”, personal health and medical data collection,  
64 transmission, retrieval, or messaging from a member in one location, which is then transmitted to  
65 a provider in a different location and is used primarily for the management, treatment, care and  
66 related support of ongoing health conditions via regular information inputs from members and  
67 member guidance outputs from healthcare providers, including the remote monitoring of a  
68 patient’s vital signs, biometric data, or other objective or subjective data by a device that  
69 transmits such data electronically to a healthcare practitioner.

70 SECTION 5. Subsection (b) of Section 79 of Chapter 118E of the General Laws, as most  
71 recently amended by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by  
72 inserting at the end thereof after the word “providers.” the following:

73 Coverage for telehealth services shall include coverage and reimbursement for e-consults  
74 and remote patient monitoring services and devices.

75 SECTION 6. Section 79 of Chapter 118E of the General Laws, as most recently amended  
76 by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by striking subsection (c)

77 and inserting in place thereof the following:

78 (c) The division, a contracted health insurer, health plan, health maintenance  
79 organization, behavioral health management firm or third-party administrators under contract to  
80 a Medicaid managed care organization or primary care clinician plan shall not impose any  
81 utilization management requirements, including but not limited to, prior authorization  
82 requirements to obtain medically necessary health services via telehealth that would not apply to  
83 the receipt of those same services on an in-person basis. The division, a contracted health insurer,  
84 health plan, health maintenance organization, behavioral health management firm or third-party  
85 administrator under contract to a Medicaid managed care organization or primary care clinician  
86 plan shall not be required to reimburse a health care provider for a health care service that is not  
87 a covered benefit under the plan or reimburse a health care provider not contracted under the  
88 plan except as provided for under subclause (i) of clause (4) of the second sentence of subsection  
89 (a) of section 6 of chapter 176O.”

90 SECTION 7. Section 79 of Chapter 118E of the General Laws, as most recently inserted  
91 by Section 40 of Chapter 260 of the Acts of 2020 is hereby amended by inserting at the end  
92 thereof the following subsections:

93 (i) The division and its contracted health insurers, health plans, health maintenance  
94 organizations, behavioral health management firms and third-party administrators under contract  
95 to a Medicaid managed care organization, accountable care organization or primary care  
96 clinician plan shall include in its coverage for reimbursement for interpreter services for patients

97 with limited English proficiency or those who are deaf or hard of hearing in its coverage for  
98 telehealth services.

99 (j) The division and its contracted health insurers, health plans, health maintenance  
100 organizations, behavioral health management firms and third-party administrators under contract  
101 to a Medicaid managed care organization, accountable care organization or primary care  
102 clinician plan shall develop and maintain procedures to identify and offer digital health education  
103 to members with low digital health literacy to assist them with accessing any medical necessary  
104 covered telehealth benefits. These procedures shall include a digital health literacy screening  
105 program or other similar procedure to identify new and current members with low digital health  
106 literacy and a digital health education program to educate insured members regarding the  
107 effective use of telehealth technology including but not limited to distributing educational  
108 materials about how to access certain telehealth technologies in multiple languages, including  
109 sign language, and in alternative formats; holding digital health literacy workshops; integrating  
110 digital health coaching; offering enrollees in-person digital health navigators; and partnering  
111 with local libraries and/or community centers that offer digital health education services and  
112 supports.

113 (k) The division and its contracted health insurers, health plans, health maintenance  
114 organizations, behavioral health management firms and third-party administrators under contract  
115 to a Medicaid managed care organization, accountable care organization or primary care  
116 clinician plan shall publish information annually regarding the procedures that they have  
117 implemented under subsection (j) including but not limited to statistics on the number of  
118 members identified with low digital health literacy and receiving digital health education,



119 manner(s) or method of digital health literacy screening and digital health education, financial  
120 impact of the programs, and evaluations of effectiveness of digital health literacy interventions.

121 (l) The division and its contracted health insurers, health plans, health maintenance  
122 organizations, behavioral health management firms and third-party administrators under contract  
123 to a Medicaid managed care organization, accountable care organization or primary care  
124 clinician plan providing coverage to an active or retired employee of the commonwealth insured  
125 under the group insurance commission shall not prohibit a physician licensed pursuant to  
126 Chapter 112 or otherwise authorized to provide healthcare services who is providing healthcare  
127 services to a patient who is physically located in Massachusetts at the time the healthcare  
128 services are provided via telehealth from providing such services from any location within  
129 Massachusetts or outside Massachusetts; provided, that the location from which the physician  
130 provides services does not compromise patient confidentiality and privacy and the location from  
131 which the physician provides the services does not exceed restrictions placed on the physician's  
132 specific license, including but not limited to, restrictions set by the hospital, institution, clinic, or  
133 program in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws  
134 has been appointed.

135 SECTION 8. Section 47MM of Chapter 175 of the General Laws, as most recently  
136 amended by Section 47 of Chapter 260 of the Acts of 2020, is hereby amended by striking out  
137 subsection (c) and inserting place thereof the following:

138 (c) Coverage for telehealth services may include utilization review; provided, however,  
139 that any utilization review shall be made in the same manner as if the service was delivered in  
140 person. A policy, contract, agreement, plan or certificate of insurance issued, delivered or

141 renewed within or without the commonwealth shall not impose any prior authorization  
142 requirements to obtain medically necessary health services via telehealth that would not apply to  
143 the receipt of those same services on an in-person basis. A policy, contract, agreement, plan or  
144 certificate of insurance issued, delivered or renewed within or without the commonwealth shall  
145 not be required to reimburse a health care provider for a health care service that is not a covered  
146 benefit under the plan or reimburse a health care provider not contracted under the plan except as  
147 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section  
148 6 of chapter 176O.

149 SECTION 9. Section 47MM of Chapter 175 of the General Laws, as most recently  
150 inserted by Section 47 of Chapter 260 of the Acts of 2020 is hereby further amended by adding  
151 at the end thereof the following subsections:

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

156 (j) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
157 renewed within the commonwealth shall develop and maintain procedures to identify and offer  
158 digital health education to subscribers with low digital health literacy to assist them with  
159 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
160 digital health literacy screening program or other similar procedure to identify new and current  
161 subscribers with low digital health literacy and a digital health education program to educate  
162 insured subscribers regarding the effective use of telehealth technology including but not limited

163 to distributing educational materials about how to access certain telehealth technologies in  
164 multiple languages, including sign language, and in alternative formats; holding digital health  
165 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
166 health navigators; and partnering with local libraries and/or community centers that offer digital  
167 health education services and supports.

168 (k) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
169 renewed within the commonwealth shall publish information annually regarding the procedures  
170 that they have implemented under subsection (j) including but not limited to statistics on the  
171 number of subscribers identified with low digital health literacy and receiving digital health  
172 education, manner(s) or method of digital health literacy screening and digital health education,  
173 financial impact of the programs, and evaluations of effectiveness of digital health literacy  
174 interventions.

175 (l) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
176 renewed within the commonwealth shall not prohibit a physician licensed pursuant to Chapter  
177 112 or otherwise authorized to provide healthcare services who is providing healthcare services  
178 to a patient who is physically located in Massachusetts at the time the healthcare services are  
179 provided via telehealth from providing such services from any location within Massachusetts or  
180 outside Massachusetts; provided, that the location from which the physician provides services  
181 does not compromise patient confidentiality and privacy and the location from which the  
182 physician provides the services does not exceed restrictions placed on the physician's specific  
183 license, including but not limited to, restrictions set by the hospital, institution, clinic or program  
184 in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws has been  
185 appointed.

186 SECTION 10. Section 38 of Chapter 176A of the General Laws, as most recently  
187 amended by Section 49 of Chapter 260 of the Acts of 2020, is hereby further amended by  
188 striking subsection (c) and inserting in place thereof the following:

189 (c) Coverage for telehealth services may include utilization review; provided, however,  
190 that any utilization review shall be made in the same manner as if the service was delivered in  
191 person. A carrier shall not impose any prior authorization requirements to obtain medically  
192 necessary health services via telehealth that would not apply to the receipt of those same services  
193 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a  
194 health care service that is not a covered benefit under the plan or reimburse a health care  
195 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of  
196 the second sentence of subsection (a) of section 6 of chapter 176O.

197 SECTION 11. Section 38 of Chapter 176A of the General Laws, as most recently inserted  
198 by Section 49 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
199 thereof the following subsections:

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

202 (j) Hospital service corporations shall develop and maintain procedures to identify and  
203 offer digital health education to subscribers with low digital health literacy to assist them with  
204 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
205 digital health literacy screening program or other similar procedure to identify new and current  
206 subscribers with low digital health literacy and a digital health education program to educate  
207 insured subscribers regarding the effective use of telehealth technology including but not limited

208 to distributing educational materials about how to access certain telehealth technologies in  
209 multiple languages, including sign language, and in alternative formats; holding digital health  
210 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
211 health navigators; and partnering with local libraries and/or community centers that offer digital  
212 health education services and supports.

213 (k) Hospital service corporations shall publish information annually regarding the  
214 procedures that they have implemented under subsection (j) including but not limited to statistics  
215 on the number of subscribers identified with low digital health literacy and receiving digital  
216 health education, manner(s) or method of digital health literacy screening and digital health  
217 education, financial impact of the programs, and evaluations of effectiveness of digital health  
218 literacy interventions.

219 (l) Hospital service corporations providing coverage under this section shall not prohibit a  
220 physician licensed pursuant to Chapter 112 or otherwise authorized to provide healthcare  
221 services who is providing healthcare services to a patient who is physically located in  
222 Massachusetts at the time the healthcare services are provided via telehealth from providing such  
223 services from any location within Massachusetts or outside Massachusetts; provided, that the  
224 location from which the physician provides services does not compromise patient confidentiality  
225 and privacy and the location from which the physician provides the services does not exceed  
226 restrictions placed on the physician's specific license, including but not limited to, restrictions set  
227 by the hospital, institution, clinic or program in which a physician licensed pursuant to section 9  
228 of Chapter 112 of the General Laws has been appointed.

229 SECTION 12. Section 25 of Chapter 176B of the General Laws, as most recently  
230 amended by Section 51 of Chapter 260 of the Acts of 2020, is hereby further amended by  
231 striking subsection (c) and inserting in place thereof the following:

232 (c) Coverage for telehealth services may include utilization review; provided, however,  
233 that any utilization review shall be made in the same manner as if the service was delivered in  
234 person. A carrier shall not impose any prior authorization requirements to obtain medically  
235 necessary health services via telehealth that would not apply to the receipt of those same services  
236 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a  
237 health care service that is not a covered benefit under the plan or reimburse a health care  
238 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of  
239 the second sentence of subsection (a) of section 6 of chapter 176O.

240 SECTION 13. Section 25 of Chapter 176B of the General Laws, as most recently  
241 inserted by Section 51 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the  
242 end thereof the following subsections:

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

246 (j) Medical service corporations shall develop and maintain procedures to identify and  
247 offer digital health education to subscribers with low digital health literacy to assist them with  
248 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
249 digital health literacy screening program or other similar procedure to identify new and current  
250 subscribers with low digital health literacy and a digital health education program to educate

251 insured subscribers regarding the effective use of telehealth technology including but not limited  
252 to distributing educational materials about how to access certain telehealth technologies in  
253 multiple languages, including sign language, and in alternative formats; holding digital health  
254 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
255 health navigators; and partnering with local libraries and/or community centers that offer digital  
256 health education services and supports.

257 (k) Medical service corporations shall publish information annually regarding the  
258 procedures that they have implemented under subsection (j) including but not limited to statistics  
259 on the number of subscribers identified with low digital health literacy and receiving digital  
260 health education, manner(s) or method of digital health literacy screening and digital health  
261 education, financial impact of the programs, and evaluations of effectiveness of digital health  
262 literacy interventions.

263 (l) Medical service corporations providing coverage under this section shall not prohibit a  
264 physician licensed pursuant to Chapter 112 or otherwise authorized to provide healthcare  
265 services who is providing healthcare services to a patient who is physically located in  
266 Massachusetts at the time the healthcare services are provided via telehealth from providing such  
267 services from any location within Massachusetts or outside Massachusetts; provided, that the  
268 location from which the physician provides services does not compromise patient confidentiality  
269 and privacy and the location from which the physician provides the services does not exceed  
270 restrictions placed on the physician's specific license, including but not limited to, restrictions set  
271 by the hospital, institution, clinic or program in which a physician licensed pursuant to section 9  
272 of Chapter 112 of the General Laws has been appointed.

273 SECTION 14. Section 33 of Chapter 176G of the General Laws, as most recently  
274 amended by Section 53 of Chapter 260 of the Acts of 2020, is hereby further amended by  
275 striking subsection (c) and inserting in place thereof the following:

276 (c) Coverage for telehealth services may include utilization review; provided, however,  
277 that any utilization review shall be made in the same manner as if the service was delivered in  
278 person. A health maintenance organization shall not impose any prior authorization requirements  
279 to obtain medically necessary health services via telehealth that would not apply to the receipt of  
280 those same services on an in-person basis. A health maintenance organization shall not be  
281 required to reimburse a health care provider for a health care service that is not a covered benefit  
282 under the plan or reimburse a health care provider not contracted under the plan except as  
283 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section  
284 6 of chapter 176O.

285 SECTION 15. Section 33 of Chapter 176G of the General Laws, as most recently inserted  
286 by Section 53 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
287 thereof the following subsection:

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

291 (j) Health maintenance organizations shall develop and maintain procedures to identify  
292 and offer digital health education to members with low digital health literacy to assist them with  
293 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
294 digital health literacy screening program or other similar procedure to identify new and current



295 members with low digital health literacy and a digital health education program to educate  
296 insured subscribers regarding the effective use of telehealth technology including but not limited  
297 to distributing educational materials about how to access certain telehealth technologies in  
298 multiple languages, including sign language, and in alternative formats; holding digital health  
299 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
300 health navigators; and partnering with local libraries and/or community centers that offer digital  
301 health education services and supports.

302 (k) Health maintenance organizations shall publish information annually regarding the  
303 procedures that they have implemented under subsection (j) including but not limited to statistics  
304 on the number of subscribers identified with low digital health literacy and receiving digital  
305 health education, manner(s) or method of digital health literacy screening and digital health  
306 education, financial impact of the programs, and evaluations of effectiveness of digital health  
307 literacy interventions.

308 (l) Health maintenance organizations providing coverage under this section shall not  
309 prohibit a physician licensed pursuant to Chapter 112 or otherwise authorized to provide  
310 healthcare services who is providing healthcare services to a patient who is physically located in  
311 Massachusetts at the time the healthcare services are provided via telehealth from providing such  
312 services from any location within Massachusetts or outside Massachusetts; provided, that the  
313 location from which the physician provides services does not compromise patient confidentiality  
314 and privacy and the location from which the physician provides the services does not exceed  
315 restrictions placed on the physician's specific license, including but not limited to, restrictions set  
316 by the hospital, institution, clinic or program in which a physician licensed pursuant to section 9  
317 of Chapter 112 of the General Laws has been appointed.

318 SECTION 16. Section 13 of Chapter 176I of the General Laws, as most recently  
319 amended by section 54 of Chapter 260 of the Acts of 2020, is hereby further amended by striking  
320 subsection (c) and inserting in place thereof the following:

321 (c) Coverage for telehealth services may include utilization review; provided, however,  
322 that any utilization review shall be made in the same manner as if the service was delivered in  
323 person. An organization shall not impose any prior authorization requirements to obtain  
324 medically necessary health services via telehealth that would not apply to the receipt of those  
325 same services on an in-person basis. An organization shall not be required to reimburse a health  
326 care provider for a health care service that is not a covered benefit under the plan or reimburse a  
327 health care provider not contracted under the plan except as provided for under subclause (i) of  
328 clause (4) of the second sentence of subsection (a) of section 6 of chapter 176O.

329 SECTION 17. Section 13 of Chapter 176I of the General Laws, as most recently inserted  
330 by Section 54 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
331 thereof the following subsection:

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

335 (j) Organizations shall develop and maintain procedures to identify and offer digital  
336 health education to covered persons with low digital health literacy to assist them with accessing  
337 any medical necessary covered telehealth benefits. These procedures shall include a digital  
338 health literacy screening program or other similar procedure to identify new and current covered  
339 persons with low digital health literacy and a digital health education program to educate covered

340 persons regarding the effective use of telehealth technology including but not limited to  
341 distributing educational materials about how to access certain telehealth technologies in multiple  
342 languages, including sign language, and in alternative formats; holding digital health literacy  
343 workshops; integrating digital health coaching; offering covered persons in-person digital health  
344 navigators; and partnering with local libraries and/or community centers that offer digital health  
345 education services and supports.

346 (k) Organizations shall publish information annually regarding the procedures that they  
347 have implemented under subsection (j) including but not limited to statistics on the number of  
348 covered persons identified with low digital health literacy and receiving digital health education,  
349 manner(s) or method of digital health literacy screening and digital health education, financial  
350 impact of the programs, and evaluations of effectiveness of digital health literacy interventions.

351 (l) Organizations providing coverage under this section shall not prohibit a physician  
352 licensed pursuant to Chapter 112 or otherwise authorized to provide healthcare services who is  
353 providing healthcare services to a patient who is physically located in Massachusetts at the time  
354 the healthcare services are provided via telehealth from providing such services from any  
355 location within Massachusetts or outside Massachusetts; provided, that the location from which  
356 the physician provides services does not compromise patient confidentiality and privacy and the  
357 location from which the physician provides the services does not exceed restrictions placed on  
358 the physician's specific license, including but not limited to, restrictions set by the hospital,  
359 institution, clinic or program in which a physician licensed pursuant to section 9 of Chapter 112  
360 of the General Laws has been appointed.

361 SECTION 18. Section 1 of Chapter 176O of the General Laws, as most recently amended  
362 by Section 56 of Chapter 260 of the Acts of 2020, is hereby amended in the definition of  
363 “Chronic disease management”, by inserting after the word “cancer” the following words:  
364 “COVID-19 and its long-term symptoms, serious, long-term physical diseases including, but not  
365 limited to, cerebral palsy, cystic fibrosis, HIV/AIDS, blood diseases, such as anemia or sickle  
366 cell disease, muscular dystrophy, spina bifida, epilepsy, ”.

367 SECTION 19. Section 26 of Chapter 176O of the General Laws is hereby amended by  
368 striking the current section and inserting in place thereof the following:

369 Section 26. The commissioner shall establish standardized processes and procedures  
370 applicable to all health care providers and payers for the determination of a patient's health  
371 benefit plan eligibility at or prior to the time of service, including telehealth services. As part of  
372 such processes and procedures, the commissioner shall (i) require payers to implement  
373 automated approval systems such as decision support software in place of telephone approvals  
374 for specific types of services specified by the commissioner and (ii) require establishment of an  
375 electronic data exchange to allow providers to determine eligibility at or prior to the point of care  
376 and determine the insured’s cost share for a proposed telehealth service, including any  
377 copayment, deductible, coinsurance or other out of pocket amount for any covered telehealth  
378 services.

379 SECTION 20. Notwithstanding any general or special law to the contrary, the health  
380 policy commission, in consultation with the center for health information and analysis, the  
381 executive office of health and human services and the division of insurance shall issue a report  
382 on the use of telehealth services in the commonwealth and the effect of telehealth on health care

383 access and system cost. The report, along with a suggested plan to implement its  
384 recommendations in order to maximize access, quality of care and cost savings, shall be  
385 submitted to the joint committee on health care financing and the house and senate committees  
386 on ways and means not later than 2 years from the effective date of this act; provided, however,  
387 that not later than 1 year from the effective date of this act, the commission shall present a report  
388 on: i) the estimated impacts on costs and time spent by patients accessing healthcare services due  
389 to the use of telehealth; ii) the estimated impacts to access to healthcare services due to the use of  
390 telehealth including employment productivity, transportation costs and school attendance; iii) the  
391 estimated impacts on healthcare costs due to the impacts of telehealth on COVID-19  
392 transmission and treatment; iv) the estimated impact on the costs of personal protective  
393 equipment for providers and healthcare facilities due to the use of telehealth; v) an estimate of  
394 the impact of health outcomes to those communities that have not been able to access telehealth  
395 services due to language or accessibility issues; and vi) an interim estimate of the fiscal impact of  
396 telehealth use in the commonwealth that shall include public health outcomes, increased access  
397 to services, reduction in transportation services and vehicle miles traveled, and reduction in  
398 hospitalizations. The report shall additionally include data regarding the number of telehealth  
399 visits utilizing an interpreter for those who are deaf and hard of hearing and for languages other  
400 than English and shall quantify the number of telehealth visits in each language.

401 SECTION 21. Notwithstanding any general or special law to the contrary, the health  
402 policy commission shall establish a Digital Bridge Pilot Program to support telehealth services  
403 and devices and to provide funding for healthcare and human service providers and their patients  
404 and clients to support the purchase of telecommunications, information services and connected  
405 devices necessary to provide telehealth services to patients and clients. Communities that have

406 had the highest prevalence of and been disproportionately affected by COVID-19 shall be  
407 prioritized for funding under this program in addition to communities that experience barriers in  
408 accessing telehealth services due to language constraints, socioeconomic constraints or other  
409 accessibility issues. Eligible programs may include but not be limited to public private  
410 partnerships with telecommunication providers, municipalities, healthcare providers and other  
411 organizations.

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

421 SECTION 22. (a) Notwithstanding any general or special law to the contrary, the health  
422 policy commission shall establish a Digital Health Navigator Tech Literacy Pilot Program,  
423 herein referred to as the program, to complement and work in conjunction with the Digital  
424 Bridge Pilot Program. The program shall establish telehealth digital health navigators including  
425 community health workers, medical assistants, and other healthcare professionals to assist  
426 patients with accessing telehealth services. The program and its funding shall prioritize  
427 populations who experience increased barriers in accessing healthcare and telehealth services,  
428 including those disproportionately affected by COVID-19, the elderly and those who may need

429 assistance with telehealth services due to limited English proficiency or limited literacy with  
430 digital health tools. Entities receiving funding through this program will provide culturally and  
431 linguistically competent hands-on support to educate patients on how to access broadband and  
432 wireless services and subsequently utilize devices and online platforms to access telehealth  
433 services.

434 (b) The health policy commission shall publish a report, one year following the  
435 implementation of said Digital Bridge Health Navigator Tech Literacy Pilot Program, which  
436 shall include but not be limited to the following: (i) an identification of the program's telehealth  
437 navigators disaggregated by healthcare profession; (ii) the resources required to provide literacy  
438 with digital health tools, including, but not limited to, the cost of operating said pilot program  
439 and additional workforce training for the program's telehealth navigators; (iii) an identification  
440 of the populations served by the program disaggregated by demographics including, but not  
441 limited to, race, ethnicity, age, gender identity and primary language spoken; (iv) an  
442 identification of the regions served by the program across the commonwealth; and (v) an  
443 evaluation of the efficacy of the program in increasing the utilization of telehealth services  
444 disaggregated by patient demographics and including, but not limited to, the rate of attendance at  
445 telehealth visits.

446 SECTION 23. a) Notwithstanding any general or special law to the contrary, the  
447 executive office of health and human services shall establish a task force to address barriers and  
448 impediments to the practice of telehealth across state lines. The task force shall consist of: the  
449 secretary of the executive office of health and human services or a designee who shall serve as  
450 chair; the commissioner of the department of public health or a designee; the commissioner of  
451 the department of mental health or a designee; the executive director of the board of registration

452 in medicine or a designee; the Undersecretary of the office of consumer affairs and business  
453 regulation or a designee; a representative from the health policy commission; a representative  
454 from the Massachusetts Medical Society; a representative from the Massachusetts Health and  
455 Hospital Association; and a representative from the Massachusetts League of Community Health  
456 Centers.

457           b) The task force shall conduct an analysis and issue a report evaluating the  
458 commonwealth's options to facilitate appropriate interstate medical practice and the practice of  
459 telemedicine including consideration of the recommendations from the Federation of State  
460 Medical Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law  
461 Commission, model legislation developed by the American Medical Association, the interstate  
462 medical licensure compact, and/or other licensure reciprocity agreements . The analysis and  
463 report shall include but not be limited to: (i) an analysis of physician job vacancies in the  
464 commonwealth broken down by practice specialization and projected vacancies based on the  
465 demographics of the commonwealth's physician workforce and medical school graduate  
466 retention rates; (ii) an analysis of other states' entry into the interstate medical licensure compact  
467 and any impact on quality of care resulting from entry; (iii) an analysis of the ability of  
468 physicians to provide follow-up care across state lines, including via telehealth; (iv) an analysis  
469 of registration models for providers who may provide care for patients via telehealth with the  
470 provider located in one state and the patient located in another state, provided that said analysis  
471 would include delineation of provider responsibilities for registration and reporting to state  
472 professional licensure boards; (v) an analysis of impacts to health care quality, cost and access  
473 resulting from other states' entry into a medical licensure compact, as well as anticipated impacts  
474 to health care quality, cost and access associated with entry into an interstate medical licensure



475 compact; (vi) evaluations of barriers and solutions regarding prescribing across state lines; (vii)  
476 evaluations of the feasibility of a regional reciprocity agreement allowing telemedicine across  
477 state lines both for existing patient provider relationships and/or the establishment of new  
478 relationships; (viii) evaluations of the feasibility of the establishment of interstate proxy  
479 credentialing; (ix) recommendations to support the continuity of care for patients utilizing  
480 telehealth across state lines including but not limited to recommendations to support the  
481 continuity of care for people aged 25 and under when providing telehealth across state lines; (x)  
482 consideration of the recommendations from the Federation of State Medical Boards Workgroup  
483 on telemedicine, the Telehealth Act developed by the Uniform Law Commission, model  
484 legislation developed by the American Medical Association, the interstate medical licensure  
485 compact, and/or other reciprocity agreements.

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

488 SECTION 24. (a) Notwithstanding any general or special law to the contrary, the  
489 executive office of health and human services shall establish a task force to address barriers and  
490 impediments to the practice of telehealth by health professionals across state lines. including  
491 advanced practice registered nurses, physician assistants, behavioral and allied health  
492 professions, and other health professions licensed or certified by the Department of Public  
493 Health. The task force shall consist of: the secretary of the executive office of health and human  
494 services or a designee who shall serve as chair; the commissioner of the department of public  
495 health or a designee; the commissioner of the department of mental health or a designee; the  
496 executive director of the board of registration in nursing or a designee; the Undersecretary of the  
497 office of consumer affairs and business regulation or a designee; and 12 persons to be appointed

498 by the secretary of the executive office of health and human services representing organizations  
499 that represent advanced practice registered nurses, physician assistants, hospitals, patients, social  
500 workers, behavioral health professions, allied health professions, telehealth and other healthcare  
501 professionals licensed or certified by the Department of Public Health.

502 (b) The task force shall: i) investigate interstate license reciprocity models with other  
503 nearby states for advanced practice registered nurses, physician assistants, behavioral health,  
504 social workers, allied health and other health professionals licensed or certified by the  
505 Department of Public Health to ensure that there is sufficient access for professionals throughout  
506 the region and ensure that continuity of care for patients is achieved for patients that access  
507 services in state's throughout the region; ii) consider recommendations to support the continuity  
508 of care for patients utilizing telehealth across state lines including but not limited to  
509 recommendations to support the continuity of care for children and adolescents when providing  
510 telehealth across state lines; and iii) examine registration models for providers who may provide  
511 care for patients via telehealth with the provider located in one state and the patient located in  
512 another state. Such examination would include delineation of provider responsibilities for  
513 registration and reporting to state professional licensure boards.

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

516 SECTION 25. Notwithstanding any general or special law to the contrary, the  
517 MassHealth program shall make permanent the rules for reimbursement for services rendered via  
518 telehealth consistent with MassHealth All Provider Bulletin 355 published in October 2022.

519           SECTION 26. Section 76 of Chapter 260 of the of the Acts of 2020 is hereby amended by  
520 striking the section in its entirety and inserting in place thereof the following:

521           Section 76. Section 63 is hereby repealed.

522           SECTION 27. Sections 77 and 79 of Chapter 260 of the Acts of 2020 are hereby  
523 repealed.