

HOUSE No. 1101

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas A. Golden, Jr.

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>Thomas A. Golden, Jr.</i>	<i>16th Middlesex</i>	<i>2/17/2021</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/25/2021</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/26/2021</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>2/26/2021</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>2/26/2021</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/26/2021</i>
<i>Joan Meschino</i>	<i>3rd Plymouth</i>	<i>2/26/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/26/2021</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>3/3/2021</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>	<i>4/22/2021</i>
<i>Meghan Kilcoyne</i>	<i>12th Worcester</i>	<i>12/9/2021</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>12/9/2021</i>

HOUSE No. 1101

By Mr. Golden of Lowell, a petition (accompanied by bill, House, No. 1101) of Thomas A. Golden, Jr., and others relative to telehealth healthcare coverage and digital equity for patients. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

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. Subsection (c) of Section 30 of Chapter 32A of the General Laws, as most
2 recently inserted by section 3 of Chapter 260 of the Acts of 2020, is hereby amended by striking
3 the words: “, including preauthorization,”; and by inserting at the end thereof the following
4 sentence: “Carriers shall not impose any prior authorization requirements to obtain medically
5 necessary health services via telehealth that would not apply to the receipt of those same services
6 on an in-person basis.”

7 SECTION 2. Section 30 of Chapter 32A of the General Laws, as most recently inserted
8 by Section 3 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof
9 the following subsection:

10 (i) Coverage for telehealth services shall not include a co-payment requirement for a
11 health care service provided via telehealth.

12 SECTION 3. Section 30 of Chapter 32A of the General Laws, as most recently inserted
13 by Section 3 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof
14 the following subsection:

15 (j) 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 4. Subsection (c) of Section 79 of Chapter 118E of the General Laws, as most
18 recently amended by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by
19 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
20 following sentence: “The division, a contracted health insurer, health plan, health maintenance
21 organization, behavioral health management firm or third-party administrators under contract to
22 a Medicaid managed care organization or primary care clinician plan shall not impose any prior
23 authorization requirements to obtain medically necessary health services via telehealth that
24 would not apply to the receipt of those same services on an in-person basis.”

25 SECTION 5. Section 79 of Chapter 118E of the General Laws, as most recently inserted
26 by Section 40 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof
27 the following subsection:

28 (i) The division and its contracted health insurers, health plans, health maintenance
29 organizations, behavioral health management firms and third-party administrators under contract
30 to a Medicaid managed care organization, accountable care organization or primary care
31 clinician plan shall not include a co-payment requirement for a health care service provided via
32 telehealth.

33 SECTION 6. Section 79 of Chapter 118E of the General Laws, as most recently inserted
34 by Section 40 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof
35 the following subsection:

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

42 SECTION 7. Subsection (c) of Section 47MM of Chapter 175 of the General Laws, as
43 most recently amended by Section 47 of Chapter 260 of the Acts of 2020, is hereby amended by
44 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
45 following sentence: “A policy, contract, agreement, plan or certificate of insurance issued,
46 delivered or renewed within the commonwealth shall not impose any prior authorization
47 requirements to obtain medically necessary health services via telehealth that would not apply to
48 the receipt of those same services on an in-person basis.”

49 SECTION 8. Section 47MM of Chapter 175 of the General Laws, as most recently
50 inserted by Section 47 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the
51 end thereof the following subsection:

52 (i) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
53 renewed within the commonwealth that provides coverage for telehealth services shall not
54 include a co-payment requirement for a health care service provided via telehealth.

55 SECTION 9. Section 47MM of Chapter 175 of the General Laws, as most recently
56 inserted by Section 47 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the
57 end thereof the following subsection:

58 (j) 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 10. Subsection (c) of section 38 of Chapter 176A of the General Laws, as
63 most recently amended by Section 49 of Chapter 260 of the Acts of 2020, is hereby amended by
64 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
65 following sentence: “Carriers shall not impose any prior authorization requirements to obtain
66 medically necessary health services via telehealth that would not apply to the receipt of those
67 same services on an in-person basis.”

68 SECTION 11. Section 38 of Chapter 176A of the General Laws, as most recently inserted
69 by Section 49 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end
70 thereof the following subsection:

71 (i) Coverage for telehealth services shall not include a provision for a co-payment
72 requirement for a health care service provided via telehealth.

73 SECTION 12. Section 38 of Chapter 176A of the General Laws, as most recently
74 inserted by Section 49 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the
75 end thereof the following subsection:

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

78 SECTION 13. Subsection (c) of section 25 of Chapter 176B of the General Laws, as most
79 recently amended by Section 51 of Chapter 260 of the Acts of 2020, is hereby amended by
80 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
81 following sentence: “Carriers shall not impose any prior authorization requirements to obtain
82 medically necessary health services via telehealth that would not apply to the receipt of those
83 same services on an in-person basis.”

84 SECTION 14. Section 25 of Chapter 176B of the General Laws, as most recently inserted
85 by Section 51 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end
86 thereof the following subsection:

87 (i) A contract that provides coverage for telehealth services shall not include a
88 provision for a co-payment requirement for a health care service provided via telehealth.

89 SECTION 15. Section 25 of Chapter 176B of the General Laws, as most recently
90 inserted by Section 51 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the
91 end thereof the following subsection:

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

95 SECTION 16. Subsection (c) of section 33 of Chapter 176G of the General Laws, as
96 most recently amended by Section 53 of Chapter 260 of the Acts of 2020, is hereby amended by

97 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
98 following sentence: “Carriers shall not impose any prior authorization requirements to obtain
99 medically necessary health services via telehealth that would not apply to the receipt of those
100 same services on an in-person basis.”

101 SECTION 17. Section 33 of Chapter 176G of the General Laws, as most recently
102 inserted by Section 53 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the
103 end thereof the following subsection:

104 (i) A contract that provides coverage for telehealth services shall not include a
105 provision for a co-payment requirement for a health care service provided via telehealth.

106 SECTION 18. Section 33 of Chapter 176G of the General Laws, as most recently inserted
107 by Section 53 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end
108 thereof the following subsection:

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

112 SECTION 19. Subsection (c) of section 13 of Chapter 176I of the General Laws, as most
113 recently amended by section 54 of Chapter 260 of the Acts of 2020, is hereby amended by
114 striking the words: “, including preauthorization,”; and by inserting at the end thereof the
115 following sentence: “An organization shall not impose any prior authorization requirements to
116 obtain medically necessary health services via telehealth that would not apply to the receipt of
117 those same services on an in-person basis.”

118 SECTION 20. Section 13 of Chapter 176I of the General Laws, as most recently inserted
119 by Section 54 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end
120 thereof the following subsection:

121 (i) A preferred provider contract that provides coverage for telehealth services shall
122 not include a provision for a co-payment requirement for a health care service provided via
123 telehealth.

124 SECTION 21. Section 13 of Chapter 176I of the General Laws, as most recently inserted
125 by Section 54 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end
126 thereof the following subsection:

127 (j) A preferred provider contract that provides coverage for telehealth services shall
128 include reimbursement for interpreter services for patients with limited English proficiency or
129 those who are deaf or hard of hearing.

130 SECTION 22. Section 1 of Chapter 176O of the General Laws, as most recently
131 amended by Section 56 of Chapter 260 of the Acts of 2020, is hereby amended in the definition
132 of “Chronic disease management”, by inserting after the word “cancer” the following: “COVID-
133 19 and its long-term symptoms, serious, long-term physical diseases including, but not limited
134 to, cerebral palsy, cystic fibrosis, HIV/AIDS, blood diseases, such as anemia or sickle cell
135 disease, muscular dystrophy, spina bifida, epilepsy, ”.

136 SECTION 23. Section 26 of Chapter 176O of the General Laws is hereby amended by
137 striking the current section and inserting in place thereof the following:

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 24. Section 67 of Chapter 260 of the Acts of 2020 is hereby amended by
149 striking the last sentence and inserting the following:

150 The report, along with a suggested plan to implement its recommendations in order to
151 maximize access, quality of care and cost savings, shall be submitted to the joint committee on
152 health care financing and the house and senate committees on ways and means not later than 2
153 years from the effective date of this act; provided, however, that not later than 1 year from the
154 effective date of this act, the commission shall present a report on: i) the estimated impacts on
155 costs and time spent by patients accessing healthcare services due to the use of telehealth; ii) the
156 estimated impacts to access to healthcare services due to the use of telehealth including
157 employment productivity, transportation costs and school attendance; iii) the estimated impacts
158 on healthcare costs due to the impacts of telehealth on COVID-19 transmission and treatment;
159 iv) the estimated impact on the costs of personal protective equipment for providers and
160 healthcare facilities due to the use of telehealth; v) an estimate of the impact of health outcomes

161 to those communities that have not been able to access telehealth services due to language or
162 accessibility issues; and vi) an interim estimate of the fiscal impact of telehealth use in the
163 commonwealth that shall include public health outcomes, increased access to services, reduction
164 in 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 25. 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 26. (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, one 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 27. 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/or 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, 2021.

248 SECTION 28. (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, 2022.

270 SECTION 29. Section 76 of Chapter 260 of the of the Acts of 2020 is hereby amended by
271 striking the section in its entirety and inserting in place thereof the following:

272 Section 76. Section 63 is hereby repealed.

273 SECTION 30. Sections 77 and 79 of Chapter 260 of the Acts of 2020 are hereby
274 repealed.

275 SECTION 31. Sections 2, 5, 8, 11, 14, 17, and 20 are hereby repealed.

276 SECTION 32. Section 31 shall take effect 90 days after termination of the governor's

277 March 10, 2020 declaration of a state of emergency.