

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 citizens, their districts, and the date their petition was added.

<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 J. 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

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.

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.