HOUSE DOCKET, NO. 3511 FILED ON: 1/20/2023

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:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Marjorie C. Decker	*25th Middlesex*	*1/20/2023*
Susannah M. Whipps	*2nd Franklin*	*1/20/2023*
Lindsay N. Sabadosa	*1st Hampshire*	*1/20/2023*
Rodney M. Elliott	*16th Middlesex*	*1/20/2023*
Vanna Howard	*17th Middlesex*	*1/26/2023*
David Paul Linsky	*5th Middlesex*	*2/24/2023*
James C. Arena-DeRosa	*8th Middlesex*	*2/24/2023*
Steven Ultrino	*33rd Middlesex*	*2/24/2023*
Simon Cataldo	*14th Middlesex*	*2/27/2023*
Dylan A. Fernandes	*Barnstable, Dukes and Nantucket*	*2/27/2023*
Natalie M. Higgins	*4th Worcester*	*2/28/2023*
Daniel Cahill	*10th Essex*	*3/4/2023*
Samantha Montaño	*15th Suffolk*	*3/9/2023*
Jack Patrick Lewis	*7th Middlesex*	*3/14/2023*
Manny Cruz	*7th Essex*	*3/14/2023*
Kevin G. Honan	*17th Suffolk*	*3/14/2023*
Thomas M. Stanley	*9th Middlesex*	*3/16/2023*
Jessica Ann Giannino	*16th Suffolk*	*3/22/2023*

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

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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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 6. Section 79 of Chapter 118E of the General Laws, as most recently amended by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by striking subsection (c) and inserting in place thereof the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 76. Section 63 is hereby repealed.

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