

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

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

*Marjorie C. Decker*

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*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.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/14/2025</i>

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

[Pin Slip]

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

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 affordable broadband programs offered by  
7 telecommunications providers.

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 inserting after the  
10 definition of “behavioral health services, the following:

11 “E-consults”, asynchronous, consultative, provider-to-provider communications within a  
12 shared electronic health record (EHR) or web-based platform that are intended to improve access  
13 to specialty expertise for patients and providers without the need for a face-to-face visit, focused

14 on a specific question. E-consults are inclusive of the consult generated from one provider or  
15 other qualified health professional to another, and of communications before/after consultation  
16 back to the member and/or the member’s caregiver.

17 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
18 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
19 management services. Such communications involve clinical decision-making comparable to  
20 what would occur in an in-office visits.

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

28 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
29 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
30 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
31 treatment response utilizing a connected electronic medical device.

32 SECTION 3. Subsection (b) of Section 30 of Chapter 32A of the General Laws, as most  
33 recently inserted by section 3 of Chapter 260 of the Acts of 2020, is hereby amended by inserting  
34 at the end thereof after the word “providers.” the following:

35 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
36 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
37 services and devices.

38 SECTION 4. Section 30 of Chapter 32A of the General Laws, as most recently inserted  
39 by section 3 of Chapter 260 of the Acts of 2020, is hereby amended by striking out subsection (c)  
40 and inserting in place thereof the following:

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

49 SECTION 5. Section 30 of Chapter 32A of the General Laws, as most recently inserted  
50 by Section 3 of Chapter 260 of the Acts of 2020 is hereby amended by adding at the end thereof  
51 the following subsections:

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

54 (j) Carriers providing coverage to an active or retired employee of the commonwealth  
55 insured under the group insurance commission shall develop and maintain procedures to identify  
56 and offer digital health education to enrollees with low digital health literacy to assist them with

57 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
58 digital health literacy screening program or other similar procedure to identify current enrollees  
59 with low digital health literacy and a digital health education program to educate insured  
60 members regarding the effective use of telehealth technology including but not limited to  
61 distributing educational materials about how to access certain telehealth technologies in multiple  
62 languages, including sign language, and in alternative formats; holding digital health literacy  
63 workshops; integrating digital health coaching; offering enrollees in-person digital health  
64 navigators; and partnering with local libraries and/or community centers that offer digital health  
65 education services and supports.

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

73 (l) Carriers providing coverage to an active or retired employee of the commonwealth  
74 insured under the group insurance commission shall not prohibit a physician licensed pursuant to  
75 Chapter 112 or otherwise authorized to provide healthcare services who is providing healthcare  
76 services to a patient who is physically located in Massachusetts at the time the healthcare  
77 services are provided via telehealth from providing such services from any location within  
78 Massachusetts or outside Massachusetts; provided, that the location from which the physician  
79 provides services does not compromise patient confidentiality and privacy and the location from

80 which the physician provides the services does not exceed restrictions placed on the physician’s  
81 specific license, including but not limited to, restrictions set by the hospital, institution, clinic or  
82 program in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws  
83 has been appointed.

84 SECTION 6. Subsection (a) of Section 79 of Chapter 118E of the General Laws, as most  
85 recently amended by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by  
86 inserting after the definition of “behavioral health services” the following:

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

93 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
94 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
95 management services. Such communications involve clinical decision-making comparable to  
96 what would occur in an in-office visits. “Remote patient monitoring services”, personal health  
97 and medical data collection, transmission, retrieval, or messaging from a member in one  
98 location, which is then transmitted to a provider in a different location and is used primarily for  
99 the management, treatment, care and related support of ongoing health conditions via regular  
100 information inputs from members and member guidance outputs from healthcare providers,

101 including the remote monitoring of a patient’s vital signs, biometric data, or other objective or  
102 subjective data by a device that transmits such data electronically to a healthcare practitioner.

103 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
104 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
105 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
106 treatment response utilizing a connected electronic medical device.

107 SECTION 7. Subsection (b) of Section 79 of Chapter 118E of the General Laws, as most  
108 recently amended by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by  
109 inserting at the end thereof after the word “providers.” the following:

110 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
111 e-visits, remote patient monitoring services and devices including but not limited to treatment for  
112 i) congenital heart diseases, ii) pulmonary conditions and lung diseases, iii) enteral nutrition and  
113 feeding needs, iv) failure to thrive and gain weight, and v) gastrointestinal conditions and remote  
114 therapeutic monitoring services, devices and associated professional care.

115 SECTION 8. Section 79 of Chapter 118E of the General Laws, as most recently amended  
116 by Section 40 of Chapter 260 of the Acts of 2020, is hereby amended by striking subsection  
117 (c)and inserting in place thereof the following:

118 (c) The division, a contracted health insurer, health plan, health maintenance  
119 organization, behavioral health management firm or third-party administrators under contract to  
120 a Medicaid managed care organization or primary care clinician plan shall not impose any  
121 utilization management requirements, including but not limited to, prior authorization  
122 requirements to obtain medically necessary health services via telehealth that would not apply to

123 the receipt of those same services on an in-person basis. The division, a contracted health insurer,  
124 health plan, health maintenance organization, behavioral health management firm or third-party  
125 administrator under contract to a Medicaid managed care organization or primary care clinician  
126 plan shall not be required to reimburse a health care provider for a health care service that is not  
127 a covered benefit under the plan or reimburse a health care provider not contracted under the  
128 plan except as provided for under subclause (i) of clause (4) of the second sentence of subsection  
129 (a) of section 6 of chapter 176O.

130 SECTION 9. Section 79 of Chapter 118E of the General Laws, as most recently inserted  
131 by Section 40 of Chapter 260 of the Acts of 2020 is hereby amended by inserting at the end  
132 thereof the following subsections:

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

139 (j) The division and its contracted health insurers, health plans, health maintenance  
140 organizations, behavioral health management firms and third-party administrators under contract  
141 to a Medicaid managed care organization, accountable care organization or primary care  
142 clinician plan shall develop and maintain procedures to identify and offer digital health education  
143 to members with low digital health literacy to assist them with accessing any medical necessary  
144 covered telehealth benefits. These procedures shall include a digital health literacy screening



145 program or other similar procedure to identify new and current members with low digital health  
146 literacy and a digital health education program to educate insured members regarding the  
147 effective use of telehealth technology including but not limited to distributing educational  
148 materials about how to access certain telehealth technologies in multiple languages, including  
149 sign language, and in alternative formats; holding digital health literacy workshops; integrating  
150 digital health coaching; offering enrollees in-person digital health navigators; and partnering  
151 with local libraries and/or community centers that offer digital health education services and  
152 supports.

153 (k) The division and its contracted health insurers, health plans, health maintenance  
154 organizations, behavioral health management firms and third-party administrators under contract  
155 to a Medicaid managed care organization, accountable care organization or primary care  
156 clinician plan shall publish information annually regarding the procedures that they have  
157 implemented under subsection (j) including but not limited to statistics on the number of  
158 members identified with low digital health literacy and receiving digital health education,  
159 manner(s) or method of digital health literacy screening and digital health education, financial  
160 impact of the programs, and evaluations of effectiveness of digital health literacy interventions.

161 (l) The division and its contracted health insurers, health plans, health maintenance  
162 organizations, behavioral health management firms and third-party administrators under contract  
163 to a Medicaid managed care organization, accountable care organization or primary care  
164 clinician plan providing coverage to an active or retired employee of the commonwealth insured  
165 under the group insurance commission shall not prohibit a physician licensed pursuant to  
166 Chapter 112 or otherwise authorized to provide healthcare services who is providing healthcare  
167 services to a patient who is physically located in Massachusetts at the time the healthcare

168 services are provided via telehealth from providing such services from any location within  
169 Massachusetts or outside Massachusetts; provided, that the location from which the physician  
170 provides services does not compromise patient confidentiality and privacy and the location from  
171 which the physician provides the services does not exceed restrictions placed on the physician's  
172 specific license, including but not limited to, restrictions set by the hospital, institution, clinic, or  
173 program in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws  
174 has been appointed.

175 (m) The division and its contracted health insurers, health plans, health maintenance  
176 organizations, behavioral health management firms and third-party administrators under contract  
177 to a Medicaid managed care organization, accountable care organization or primary care  
178 clinician plan shall not impose any prior authorization requirements to obtain medically  
179 necessary remote patient monitoring services and devices or remote therapeutic monitoring  
180 services or devices.

181 SECTION 10. Section 47MM of Chapter 175 of the General Laws, as most recently  
182 inserted by section 47 of Chapter 260 of the Acts of 2020, is hereby amended by inserting after  
183 the definition of "behavioral health services, the following:

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

190 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
191 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
192 management services. Such communications involve clinical decision-making comparable to  
193 what would occur in an in-office visits.

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

201 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
202 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
203 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
204 treatment response utilizing a connected electronic medical device.

205 SECTION 11. Subsection (b) of Section 47MM of Chapter 175 of the General Laws, as  
206 most recently inserted by section 47 of Chapter 260 of the Acts of 2020, is hereby amended by  
207 inserting at the end thereof after the word “providers.” the following:

208 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
209 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
210 services and devices.

211 SECTION 12. Section 47MM of Chapter 175 of the General Laws, as most recently  
212 amended by Section 47 of Chapter 260 of the Acts of 2020, is hereby amended by striking out  
213 subsection (c) and inserting place thereof the following:

214 (c) Coverage for telehealth services may include utilization review; provided, however,  
215 that any utilization review shall be made in the same manner as if the service was delivered in  
216 person. A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
217 renewed within or without the commonwealth shall not impose any prior authorization  
218 requirements to obtain medically necessary health services via telehealth that would not apply to  
219 the receipt of those same services on an in-person basis. A policy, contract, agreement, plan or  
220 certificate of insurance issued, delivered or renewed within or without the commonwealth shall  
221 not be required to reimburse a health care provider for a health care service that is not a covered  
222 benefit under the plan or reimburse a health care provider not contracted under the plan except as  
223 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section  
224 6 of chapter 176O.

225 SECTION 13. Section 47MM of Chapter 175 of the General Laws, as most recently  
226 inserted by Section 47 of Chapter 260 of the Acts of 2020 is hereby further amended by adding  
227 at the end thereof the following subsections:

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

232 (j) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
233 renewed within the commonwealth shall develop and maintain procedures to identify and offer  
234 digital health education to subscribers with low digital health literacy to assist them with  
235 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
236 digital health literacy screening program or other similar procedure to identify new and current  
237 subscribers with low digital health literacy and a digital health education program to educate  
238 insured subscribers regarding the effective use of telehealth technology including but not limited  
239 to distributing educational materials about how to access certain telehealth technologies in  
240 multiple languages, including sign language, and in alternative formats; holding digital health  
241 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
242 health navigators; and partnering with local libraries and/or community centers that offer digital  
243 health education services and supports.

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

251 (l) A policy, contract, agreement, plan or certificate of insurance issued, delivered or  
252 renewed within the commonwealth shall not prohibit a physician licensed pursuant to Chapter  
253 112 or otherwise authorized to provide healthcare services who is providing healthcare services  
254 to a patient who is physically located in Massachusetts at the time the healthcare services are

255 provided via telehealth from providing such services from any location within Massachusetts or  
256 outside Massachusetts; provided, that the location from which the physician provides services  
257 does not compromise patient confidentiality and privacy and the location from which the  
258 physician provides the services does not exceed restrictions placed on the physician’s specific  
259 license, including but not limited to, restrictions set by the hospital, institution, clinic or program  
260 in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws has been  
261 appointed.

262 SECTION 14. Section 38 of Chapter 176A of the General Laws, as most recently inserted  
263 by section 49 of Chapter 260 of the Acts of 2020, is hereby amended by inserting after the  
264 definition of “behavioral health services, the following:

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

271 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
272 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
273 management services. Such communications involve clinical decision-making comparable to  
274 what would occur in an in-office visits.

275 “Remote patient monitoring services”, personal health and medical data collection,  
276 transmission, retrieval, or messaging from a member in one location, which is then transmitted to

277 a provider in a different location and is used primarily for the management, treatment, care and  
278 related support of ongoing health conditions via regular information inputs from members and  
279 member guidance outputs from healthcare providers, including the remote monitoring of a  
280 patient’s vital signs, biometric data, or other objective or subjective data by a device that  
281 transmits such data electronically to a healthcare practitioner.

282 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
283 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
284 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
285 treatment response utilizing a connected electronic medical device.

286 SECTION 15. Subsection (b) of Section 38 of Chapter 176A of the General Laws, as  
287 most recently inserted by section 49 of Chapter 260 of the Acts of 2020, is hereby amended by  
288 inserting at the end thereof after the word “providers.” the following:

289 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
290 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
291 services and devices.

292 SECTION 16. Section 38 of Chapter 176A of the General Laws, as most recently  
293 amended by Section 49 of Chapter 260 of the Acts of 2020, is hereby further amended by  
294 striking subsection (c) and inserting in place thereof the following:

295 (c) Coverage for telehealth services may include utilization review; provided, however,  
296 that any utilization review shall be made in the same manner as if the service was delivered in  
297 person. A carrier shall not impose any prior authorization requirements to obtain medically  
298 necessary health services via telehealth that would not apply to the receipt of those same services

299 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a  
300 health care service that is not a covered benefit under the plan or reimburse a health care  
301 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of  
302 the second sentence of subsection (a) of section 6 of chapter 176O.

303 SECTION 17. Section 38 of Chapter 176A of the General Laws, as most recently inserted  
304 by Section 49 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
305 thereof the following subsections:

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

308 (j) Hospital service corporations shall develop and maintain procedures to identify and  
309 offer digital health education to subscribers with low digital health literacy to assist them with  
310 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
311 digital health literacy screening program or other similar procedure to identify new and current  
312 subscribers with low digital health literacy and a digital health education program to educate  
313 insured subscribers regarding the effective use of telehealth technology including but not limited  
314 to distributing educational materials about how to access certain telehealth technologies in  
315 multiple languages, including sign language, and in alternative formats; holding digital health  
316 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
317 health navigators; and partnering with local libraries and/or community centers that offer digital  
318 health education services and supports.

319 (k) Hospital service corporations shall publish information annually regarding the  
320 procedures that they have implemented under subsection (j) including but not limited to statistics



321 on the number of subscribers identified with low digital health literacy and receiving digital  
322 health education, manner(s) or method of digital health literacy screening and digital health  
323 education, financial impact of the programs, and evaluations of effectiveness of digital health  
324 literacy interventions.

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

335 SECTION 18. Section 25 of Chapter 176B of the General Laws, as most recently inserted  
336 by section 51 of Chapter 260 of the Acts of 2020, is hereby amended by inserting after the  
337 definition of “behavioral health services, the following:

338 “E-consults”, asynchronous, consultative, provider-to-provider communications within a  
339 shared electronic health record (EHR) or web-based platform that are intended to improve access  
340 to specialty expertise for patients and providers without the need for a face-to-face visit, focused  
341 on a specific question. E-consults are inclusive of the consult generated from one provider or

342 other qualified health professional to another, and of communications before/after consultation  
343 back to the member and/or the member’s caregiver.

344 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
345 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
346 management services. Such communications involve clinical decision-making comparable to  
347 what would occur in an in-office visits.

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

355 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
356 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
357 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
358 treatment response utilizing a connected electronic medical device.

359 SECTION 19. Subsection (b) of Section 25 of Chapter 176A of the General Laws, as  
360 most recently inserted by section 3 of Chapter 260 of the Acts of 2020, is hereby amended by  
361 inserting at the end thereof after the word “providers.” the following:

362 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
363 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
364 services and devices.

365 SECTION 20. Section 25 of Chapter 176B of the General Laws, as most recently  
366 amended by Section 51 of Chapter 260 of the Acts of 2020, is hereby further amended by  
367 striking subsection (c) and inserting in place thereof the following:

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

376 SECTION 21. Section 25 of Chapter 176B of the General Laws, as most recently  
377 inserted by Section 51 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the  
378 end thereof the following subsections:

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

382 (j) Medical service corporations shall develop and maintain procedures to identify and  
383 offer digital health education to subscribers with low digital health literacy to assist them with

384 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
385 digital health literacy screening program or other similar procedure to identify new and current  
386 subscribers with low digital health literacy and a digital health education program to educate  
387 insured subscribers regarding the effective use of telehealth technology including but not limited  
388 to distributing educational materials about how to access certain telehealth technologies in  
389 multiple languages, including sign language, and in alternative formats; holding digital health  
390 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
391 health navigators; and partnering with local libraries and/or community centers that offer digital  
392 health education services and supports.

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

399 (l) Medical service corporations providing coverage under this section shall not prohibit a  
400 physician licensed pursuant to Chapter 112 or otherwise authorized to provide healthcare  
401 services who is providing healthcare services to a patient who is physically located in  
402 Massachusetts at the time the healthcare services are provided via telehealth from providing such  
403 services from any location within Massachusetts or outside Massachusetts; provided, that the  
404 location from which the physician provides services does not compromise patient confidentiality  
405 and privacy and the location from which the physician provides the services does not exceed  
406 restrictions placed on the physician's specific license, including but not limited to, restrictions set

407 by the hospital, institution, clinic or program in which a physician licensed pursuant to section 9  
408 of Chapter 112 of the General Laws has been appointed.

409 SECTION 22. Section 33 of Chapter 176G of the General Laws, as most recently inserted  
410 by section 53 of Chapter 260 of the Acts of 2020, is hereby amended by inserting after the  
411 definition of “behavioral health services, the following:

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

418 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
419 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
420 management services. Such communications involve clinical decision-making comparable to  
421 what would occur in an in-office visits.

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

429 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
430 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
431 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
432 treatment response utilizing a connected electronic medical device.

433 SECTION 23. Subsection (b) of Section 33 of Chapter 176G of the General Laws, as  
434 most recently inserted by section 53 of Chapter 260 of the Acts of 2020, is hereby amended by  
435 inserting at the end thereof after the word “providers.” the following:

436 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
437 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
438 services and devices.

439 SECTION 24. Section 33 of Chapter 176G of the General Laws, as most recently  
440 amended by Section 53 of Chapter 260 of the Acts of 2020, is hereby further amended by  
441 striking subsection (c) and inserting in place thereof the following:

442 (c) Coverage for telehealth services may include utilization review; provided, however,  
443 that any utilization review shall be made in the same manner as if the service was delivered in  
444 person. A health maintenance organization shall not impose any prior authorization requirements  
445 to obtain medically necessary health services via telehealth that would not apply to the receipt of  
446 those same services on an in-person basis. A health maintenance organization shall not be  
447 required to reimburse a health care provider for a health care service that is not a covered benefit  
448 under the plan or reimburse a health care provider not contracted under the plan except as  
449 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section  
450 6 of chapter 176O.

451 SECTION 25. Section 33 of Chapter 176G of the General Laws, as most recently inserted  
452 by Section 53 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
453 thereof the following subsection:

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

457 (j) Health maintenance organizations shall develop and maintain procedures to identify  
458 and offer digital health education to members with low digital health literacy to assist them with  
459 accessing any medical necessary covered telehealth benefits. These procedures shall include a  
460 digital health literacy screening program or other similar procedure to identify new and current  
461 members with low digital health literacy and a digital health education program to educate  
462 insured subscribers regarding the effective use of telehealth technology including but not limited  
463 to distributing educational materials about how to access certain telehealth technologies in  
464 multiple languages, including sign language, and in alternative formats; holding digital health  
465 literacy workshops; integrating digital health coaching; offering subscribers in-person digital  
466 health navigators; and partnering with local libraries and/or community centers that offer digital  
467 health education services and supports.

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

472 education, financial impact of the programs, and evaluations of effectiveness of digital health  
473 literacy interventions.

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

484 SECTION 26. Section 13 of Chapter 176I of the General Laws, as most recently inserted  
485 by section 54 of Chapter 260 of the Acts of 2020, is hereby amended by inserting after the  
486 definition of “behavioral health services, the following:

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



493 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a  
494 HIPAA-compliant secure platform or patient portal including online digital evaluation and  
495 management services. Such communications involve clinical decision-making comparable to  
496 what would occur in an in-office visits.

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

504 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-  
505 physiologic data to a healthcare provider related to a therapeutic treatment including, but not  
506 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and  
507 treatment response utilizing a connected electronic medical device.

508 SECTION 27. Subsection (b) of Section 13 of Chapter 176I of the General Laws, as most  
509 recently inserted by section 54 of Chapter 260 of the Acts of 2020, is hereby amended by  
510 inserting at the end thereof after the word “providers.” the following:

511 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
512 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
513 services and devices.

514 SECTION 28. Section 13 of Chapter 176I of the General Laws, as most recently  
515 amended by section 54 of Chapter 260 of the Acts of 2020, is hereby further amended by striking  
516 subsection (c) and inserting in place thereof the following:

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

525 SECTION 29. Section 13 of Chapter 176I of the General Laws, as most recently inserted  
526 by Section 54 of Chapter 260 of the Acts of 2020, is hereby amended by adding at the end  
527 thereof the following subsection:

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

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

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

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

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

557 SECTION 30. Section 26 of Chapter 176O of the General Laws is hereby amended by  
558 striking the current section and inserting in place thereof the following:

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

569 SECTION 31. Notwithstanding any general or special law to the contrary, the health  
570 policy commission, in consultation with the center for health information and analysis, the  
571 executive office of health and human services and the division of insurance shall issue a report  
572 on the use of telehealth services in the commonwealth and the effect of telehealth on health care  
573 access and system cost. The report, along with a suggested plan to implement its  
574 recommendations in order to maximize access, quality of care and cost savings, shall be  
575 submitted to the joint committee on health care financing and the house and senate committees  
576 on ways and means not later than 2 years from the effective date of this act; provided, however,  
577 that not later than 1 year from the effective date of this act, the commission shall present a report  
578 on: i) the estimated impacts on costs and time spent by patients accessing healthcare services due  
579 to the use of telehealth; ii) the estimated impacts to access to healthcare services due to the use of

580 telehealth including employment productivity, transportation costs and school attendance; iii) the  
581 estimated impacts on healthcare costs due to the impacts of telehealth on COVID-19  
582 transmission and treatment; iv) the estimated impact on the costs of personal protective  
583 equipment for providers and healthcare facilities due to the use of telehealth; v) an estimate of  
584 the impact of health outcomes to those communities that have not been able to access telehealth  
585 services due to language or accessibility issues; and vi) an interim estimate of the fiscal impact of  
586 telehealth use in the commonwealth that shall include public health outcomes, increased access  
587 to services, reduction in transportation services and vehicle miles traveled, and reduction in  
588 hospitalizations. The report shall additionally include data regarding the number of telehealth  
589 visits utilizing an interpreter for those who are deaf and hard of hearing and for languages other  
590 than English and shall quantify the number of telehealth visits in each language.

591           SECTION 32. Notwithstanding any general or special law to the contrary, the health  
592 policy commission shall establish a Digital Bridge Pilot Program to support telehealth services  
593 and devices and to provide funding for healthcare and human service providers and their patients  
594 and clients to support the purchase of telecommunications, information services and connected  
595 devices necessary to provide telehealth services to patients and clients. Communities that have  
596 had the highest prevalence of and been disproportionately affected by COVID-19 shall be  
597 prioritized for funding under this program in addition to communities that experience barriers in  
598 accessing telehealth services due to language constraints, socioeconomic constraints or other  
599 accessibility issues. Eligible programs may include but not be limited to public private  
600 partnerships with telecommunication providers, municipalities, healthcare providers and other  
601 organizations.

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

611 SECTION 33. (a) Notwithstanding any general or special law to the contrary, the health  
612 policy commission shall establish a Digital Health Navigator Tech Literacy Pilot Program,  
613 herein referred to as the program, to complement and work in conjunction with the Digital  
614 Bridge Pilot Program. The program shall establish telehealth digital health navigators including  
615 community health workers, medical assistants, and other healthcare professionals to assist  
616 patients with accessing telehealth services. The program and its funding shall prioritize  
617 populations who experience increased barriers in accessing healthcare and telehealth services,  
618 including those disproportionately affected by COVID-19, the elderly and those who may need  
619 assistance with telehealth services due to limited English proficiency or limited literacy with  
620 digital health tools. Entities receiving funding through this program will provide culturally and  
621 linguistically competent hands-on support to educate patients on how to access broadband and  
622 wireless services and subsequently utilize devices and online platforms to access telehealth  
623 services.

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

636 SECTION 34. a) Notwithstanding any general or special law to the contrary, the  
637 executive office of health and human services shall establish a task force to address barriers and  
638 impediments to the practice of telehealth across state lines. The task force shall consist of: the  
639 secretary of the executive office of health and human services or a designee who shall serve as  
640 chair; the commissioner of the department of public health or a designee; the commissioner of  
641 the department of mental health or a designee; the executive director of the board of registration  
642 in medicine or a designee; a representative of the bureau of health professions licensure at the  
643 department of public health; a representative from the health policy commission; a representative  
644 from the Massachusetts Medical Society; a representative from the Massachusetts Health and  
645 Hospital Association; and a representative from the Massachusetts League of Community Health  
646 Centers.

647           b) The task force shall conduct an analysis and issue a report evaluating the  
648 commonwealth’s options to facilitate appropriate interstate medical practice and the practice of  
649 telemedicine including consideration of the recommendations from the Federation of State  
650 Medical Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law  
651 Commission, model legislation developed by the American Medical Association, the interstate  
652 medical licensure compact, and/or other licensure reciprocity agreements, including the medical  
653 licensure reciprocity agreement between the states of Maryland and Virginia and the District of  
654 Columbia. The analysis and report shall include but not be limited to: (i) an analysis of physician  
655 job vacancies in the commonwealth broken down by practice specialization and projected  
656 vacancies based on the demographics of the commonwealth’s physician workforce and medical  
657 school graduate retention rates; (ii) an analysis of other states’ entry into the interstate medical  
658 licensure compact and any impact on quality of care resulting from entry; (iii) an analysis of the  
659 ability of physicians to provide follow-up care across state lines, including via telehealth; (iv) an  
660 analysis of registration models for providers who may provide care for patients via telehealth  
661 with the provider located in one state and the patient located in another state, provided that said  
662 analysis would include delineation of provider responsibilities for registration and reporting to  
663 state professional licensure boards; (v) an analysis of impacts to health care quality, cost and  
664 access resulting from other states’ entry into a medical licensure compact, as well as anticipated  
665 impacts to health care quality, cost and access associated with entry into an interstate medical  
666 licensure compact; (vi) evaluations of barriers and solutions regarding prescribing across state  
667 lines; (vii) evaluations of the feasibility of a regional reciprocity agreement allowing  
668 telemedicine across state lines both for existing patient provider relationships and/or the  
669 establishment of new relationships; (viii) evaluations of the feasibility of the establishment of



670 interstate proxy credentialing; (ix) recommendations to support the continuity of care for  
671 patients utilizing telehealth across state lines including but not limited to recommendations to  
672 support the continuity of care for people aged 25 and under when providing telehealth across  
673 state lines; (x) consideration of the recommendations from the Federation of State Medical  
674 Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law  
675 Commission, model legislation developed by the American Medical Association, the interstate  
676 medical licensure compact, and/or other reciprocity agreements including the medical licensure  
677 reciprocity agreement between the states of Maryland and Virginia and the District of Columbia.

678 (c) The task force shall submit its recommendations to the governor and the clerks of the  
679 house of representatives and the senate not later than October 1, 2025.

680 SECTION 35. (a) Notwithstanding any general or special law to the contrary, the  
681 executive office of health and human services shall establish a task force to address barriers and  
682 impediments to the practice of telehealth by health professionals across state lines including  
683 advanced practice registered nurses, physician assistants, behavioral and allied health  
684 professions, and other health professions licensed or certified by the Department of Public  
685 Health. The task force shall consist of: the secretary of the executive office of health and human  
686 services or a designee who shall serve as chair; the commissioner of the department of public  
687 health or a designee; the commissioner of the department of mental health or a designee; the  
688 executive director of the board of registration in nursing or a designee; a representative of the  
689 bureau of health professions licensure at the department of public health; and 12 persons to be  
690 appointed by the secretary of the executive office of health and human services representing  
691 organizations that represent advanced practice registered nurses, physician assistants, hospitals,

692 patients, social workers, behavioral health professions, allied health professions, telehealth and  
693 other healthcare professionals licensed or certified by the Department of Public Health.

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

706 (c) The task force shall submit its recommendations to the governor and the clerks of the  
707 house of representatives and the senate not later than February 1, 2026.

708 SECTION 36. There shall be a special commission to study and make recommendations  
709 on ways to address the inequity of health outcomes and digital access through the recruitment  
710 and implementation of digital health navigators.

711 The commission shall consist of: the chairs of the joint committee on economic  
712 development and emerging technologies and the joint committee on public health who shall  
713 serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member

714 appointed by the minority leader of the house of representatives; 1 member appointed by the  
715 senate president; 1 member appointed by the minority leader of the senate; the secretary of  
716 technology services and security or a designee; the chief information technology accessibility  
717 officer or a designee; the executive director of Mass Digital or a designee; 1 member who shall  
718 be a representative of the interoperable communications bureau within the executive office of  
719 technology services and security; 1 member who shall be a representative of the Massachusetts  
720 Broadband Institute; 1 member who shall be a representative of the Department of Public Health;  
721 1 member who shall be a representative of the Executive Office of Aging and Independence; 3  
722 members appointed by the governor who shall be digital health navigators from diverse  
723 geographic backgrounds in Massachusetts; and 9 additional representatives, including, but not  
724 limited to, representatives from organizations advocating for digital equity in the western region  
725 of the commonwealth, behavioral health organizations, human service providers, community  
726 health workers, municipalities, hospitals and health systems, physician practices, community  
727 health centers, workforce boards, and patients who have utilized digital health navigation  
728 services.

729 The commission shall consider:

730 (i) defining how statewide residents' needs can be met by digital health navigation  
731 services within the broader goal of digital equity;

732 (ii) defining the scope, social determinants of health and quality of life outcomes, and  
733 methods for funding digital health navigators including private and public contracting and state  
734 grantmaking;

735 (iii) qualifications and standards of digital health navigator services, including a process  
736 for a statewide credentialing program for digital health navigators;

737 (iv) conduct data collection of current regional initiatives across the state to understand  
738 opportunities, implementation design, and statewide efficiencies;

739 (v) any other considerations determined to be relevant by the commission. The  
740 commission shall file a report and recommendations, including any legislation necessary to  
741 implement its recommendations, with the clerks of the house of representatives and the senate  
742 not later than June 30, 2026.

743 SECTION 37. Sections 77 and 79 of Chapter 260 of the Acts of 2020 are hereby  
744 repealed.