

**SENATE . . . . . No.**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Adam Gomez*

*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:

*Adam Gomez*

DISTRICT/ADDRESS:

*Hampden*

**SENATE . . . . . No.**

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 655 OF 2023-2024.]

**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. SECTION 7. Subsection (b)  
107 of Section 79 of Chapter 118E of the General Laws, as most recently amended by Section 40 of  
108 Chapter 260 of the Acts of 2020, is hereby amended by inserting at the end thereof after the word  
109 “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. SECTION 8. Section  
115 79 of Chapter 118E of the General Laws, as most recently amended by Section 40 of Chapter  
116 260 of the Acts of 2020, is hereby amended by striking subsection (c) and inserting in place  
117 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. SECTION 12. Section 47MM of Chapter 175 of the General Laws, as most  
211 recently amended by Section 47 of Chapter 260 of the Acts of 2020, is hereby amended by  
212 striking out subsection (c) and inserting place thereof the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

510 Coverage for telehealth services shall include coverage and reimbursement for e-consults,  
511 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring  
512 services and devices. SECTION 28. Section 13 of Chapter 176I of the General Laws, as most

513 recently amended by section 54 of Chapter 260 of the Acts of 2020, is hereby further amended  
514 by striking subsection (c) and inserting in place thereof the following:

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

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

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

529 (j) Organizations shall develop and maintain procedures to identify and offer digital  
530 health education to covered persons with low digital health literacy to assist them with accessing  
531 any medical necessary covered telehealth benefits. These procedures shall include a digital  
532 health literacy screening program or other similar procedure to identify new and current covered  
533 persons with low digital health literacy and a digital health education program to educate covered  
534 persons regarding the effective use of telehealth technology including but not limited to

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

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

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

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

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

567           SECTION 31. Notwithstanding any general or special law to the contrary, the health  
568 policy commission, in consultation with the center for health information and analysis, the  
569 executive office of health and human services and the division of insurance shall issue a report  
570 on the use of telehealth services in the commonwealth and the effect of telehealth on health care  
571 access and system cost. The report, along with a suggested plan to implement its  
572 recommendations in order to maximize access, quality of care and cost savings, shall be  
573 submitted to the joint committee on health care financing and the house and senate committees  
574 on ways and means not later than 2 years from the effective date of this act; provided, however,  
575 that not later than 1 year from the effective date of this act, the commission shall present a report  
576 on: i) the estimated impacts on costs and time spent by patients accessing healthcare services due  
577 to the use of telehealth; ii) the estimated impacts to access to healthcare services due to the use of  
578 telehealth including employment productivity, transportation costs and school attendance; iii) the  
579 estimated impacts on healthcare costs due to the impacts of telehealth on COVID-19

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

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

600           Eligible services may include, but not be limited to: telecommunications services;  
601 broadband and internet connectivity services including the purchase of broadband subscriptions  
602 and the establishment of wireless hotspots, so-called; voice services; remote patient monitoring

603 platforms and services; patient reported outcome platforms; store and forward services, including  
604 the asynchronous transfer of patient images and data for interpretation by a physician; platforms  
605 and services to provide synchronous video consultation; tablets, smartphones, or connected  
606 devices to receive connected care services at home for patient or provider use; and telemedicine  
607 kiosks / carts for provider sites. Funding shall not be used for unconnected devices that patients  
608 utilize in the home and then manually report their results to providers.

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

622 (b) The health policy commission shall publish a report, one year following the  
623 implementation of said Digital Bridge Health Navigator Tech Literacy Pilot Program, which  
624 shall include but not be limited to the following: (i) an identification of the program's telehealth  
625 navigators disaggregated by healthcare profession; (ii) the resources required to provide literacy

626 with digital health tools, including, but not limited to, the cost of operating said pilot program  
627 and additional workforce training for the program's telehealth navigators; (iii) an identification  
628 of the populations served by the program disaggregated by demographics including, but not  
629 limited to, race, ethnicity, age, gender identity and primary language spoken; (iv) an  
630 identification of the regions served by the program across the commonwealth; and (v) an  
631 evaluation of the efficacy of the program in increasing the utilization of telehealth services  
632 disaggregated by patient demographics and including, but not limited to, the rate of attendance at  
633 telehealth visits.

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

645 b) The task force shall conduct an analysis and issue a report evaluating the  
646 commonwealth's options to facilitate appropriate interstate medical practice and the practice of  
647 telemedicine including consideration of the recommendations from the Federation of State  
648 Medical Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law

649 Commission, model legislation developed by the American Medical Association, the interstate  
650 medical licensure compact, and/or other licensure reciprocity agreements, including the medical  
651 licensure reciprocity agreement between the states of Maryland and Virginia and the District of  
652 Columbia. The analysis and report shall include but not be limited to: (i) an analysis of physician  
653 job vacancies in the commonwealth broken down by practice specialization and projected  
654 vacancies based on the demographics of the commonwealth's physician workforce and medical  
655 school graduate retention rates; (ii) an analysis of other states' entry into the interstate medical  
656 licensure compact and any impact on quality of care resulting from entry; (iii) an analysis of the  
657 ability of physicians to provide follow-up care across state lines, including via telehealth; (iv) an  
658 analysis of registration models for providers who may provide care for patients via telehealth  
659 with the provider located in one state and the patient located in another state, provided that said  
660 analysis would include delineation of provider responsibilities for registration and reporting to  
661 state professional licensure boards; (v) an analysis of impacts to health care quality, cost and  
662 access resulting from other states' entry into a medical licensure compact, as well as anticipated  
663 impacts to health care quality, cost and access associated with entry into an interstate medical  
664 licensure compact; (vi) evaluations of barriers and solutions regarding prescribing across state  
665 lines; (vii) evaluations of the feasibility of a regional reciprocity agreement allowing  
666 telemedicine across state lines both for existing patient provider relationships and/or the  
667 establishment of new relationships; (viii) evaluations of the feasibility of the establishment of  
668 interstate proxy credentialing; (ix) recommendations to support the continuity of care for  
669 patients utilizing telehealth across state lines including but not limited to recommendations to  
670 support the continuity of care for people aged 25 and under when providing telehealth across  
671 state lines; (x) consideration of the recommendations from the Federation of State Medical



672 Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law  
673 Commission, model legislation developed by the American Medical Association, the interstate  
674 medical licensure compact, and/or other reciprocity agreements including the medical licensure  
675 reciprocity agreement between the states of Maryland and Virginia and the District of Columbia.

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

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

692 (b) The task force shall: i) investigate interstate license reciprocity models with other  
693 nearby states for advanced practice registered nurses, physician assistants, behavioral health,

694 social workers, allied health and other health professionals licensed or certified by the  
695 Department of Public Health to ensure that there is sufficient access for professionals throughout  
696 the region and ensure that continuity of care for patients is achieved for patients that access  
697 services in state's throughout the region; ii) consider recommendations to support the continuity  
698 of care for patients utilizing telehealth across state lines including but not limited to  
699 recommendations to support the continuity of care for children and adolescents when providing  
700 telehealth across state lines; and iii) examine registration models for providers who may provide  
701 care for patients via telehealth with the provider located in one state and the patient located in  
702 another state. Such examination would include delineation of provider responsibilities for  
703 registration and reporting to state professional licensure boards.

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

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

709 The commission shall consist of: the chairs of the joint committee on economic  
710 development and emerging technologies and the joint committee on public health who shall  
711 serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member  
712 appointed by the minority leader of the house of representatives; 1 member appointed by the  
713 senate president; 1 member appointed by the minority leader of the senate; the secretary of  
714 technology services and security or a designee; the chief information technology accessibility  
715 officer or a designee; the executive director of Mass Digital or a designee; 1 member who shall

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

727 The commission shall consider:

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

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

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

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

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

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