JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY

Bill No: H1130

Title: AN ACT RELATIVE TO TELEHEALTH AND DIGITAL EQUITY FOR PATIENTS

Sponsor: Rep. Marjorie C. Decker (*Cambridge)*

Hearing Date: October 14, 2025

Reporting Deadline: December 3, 2025

Prior History:
2023-24 (H986): Reported favorably; Referred to Health Care Financing; Ordered to a House Study
2021-22 (H1101): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

Similar Matters: S763 (Gomez - Identical)

CURRENT LAW:
M.G.L. c. 32A Contributory Group General or Blanket Insurance for Persons in the Service of the Commonwealth (Group Insurance Commission) § 30 Coverage for telehealth services

M.G.L. c. 112 Registration of Certain Professions and Occupations § 9 Limited registration; fees; qualifications; revocation

M.G.L. c. 175 Insurance § 47MM Coverage for health care services delivered via telehealth

M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts) § 38 Coverage for health care services delivered via telehealth by a contracted health care provider

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts) § 25 Coverage for health care services delivered via telehealth by a contracted health care provider

M.G.L. c. 176G Health Maintenance Organizations (HMOs) § 33 Coverage for health care services delivered via telehealth by a contracted health care provider

M.G.L. c. 176I Preferred Provider Arrangements (PPOs) § 13 Coverage for health care services delivered via telehealth by a contracted health care provider

M.G.L. c. 176O Health Insurance Consumer Protections § 6 Evidence of coverage to be delivered to covered adults by health, dental and vision care providers; contents
A carrier will issue and deliver to at least one adult insured in each household residing in the commonwealth, upon enrollment, an evidence of coverage and any amendments. The evidence of coverage will contain a clear, concise and complete statement of: the locations where, and the

manner in which, health care services and other benefits may be obtained, including: an explanation that whenever a proposed admission, procedure or service that is a medically necessary covered benefit is not available to an insured within the carrier's network, the carrier will cover the out-of-network admission, procedure or service and the insured will not be responsible to pay more than the amount which would be required for similar admissions, procedures or services offered within the carrier's network.

M.G.L. c. 176O Health Insurance Consumer Protections § 26 Establishment of standardized processes and procedures for the determination of patient's health benefit plan eligibility at or prior to time of service
The commissioner will establish standardized processes and procedures applicable to all health care providers and payers for the determination of a patient's health benefit plan eligibility at or prior to the time of service. As part of such processes and procedures, the commissioner will (i) require payers to implement automated approval systems such as decision support software in place of telephone approvals for specific types of services specified by the commissioner and (ii) require establishment of an electronic data exchange to allow providers to determine eligibility at or prior to the point of care.

Chapter 174 of the Acts of 2022, An Act providing for the development and implementation of a secure common application portal for individuals to simultaneously apply for state-administered needs-based benefits and services § 1
The executive office of health and human services and the executive office of housing and economic development, in coordination with the division of medical assistance, the department of transitional assistance, the department of early education and care, the executive office of education and the department of housing and community development, will develop and implement a secure common application portal for individuals to simultaneously apply for state-administered needs-based benefits and services.

The common application will allow individuals the option to apply simultaneously for MassHealth coverage, the supplemental nutrition assistance program, income supports under *chapters 117A and 118*, childcare subsidies, housing subsidies, fuel assistance and other needs-based health care, nutrition and shelter benefits.

Chapter 260 of the Acts of 2020, An Act promoting a resilient health care system that puts patients first
§ 68. The group insurance commission under chapter 32A of the General Laws, the division of medical assistance under chapter 118E of the General Laws, insurance companies organized under chapter 175 of the General Laws, non-profit hospital service corporations organized under chapter 176A of the General Laws, medical service corporations organized under chapter 176B of the General Laws, health maintenance organizations organized under chapter 176G of the General Laws and preferred provider organizations organized under chapter 176I of the General Laws shall ensure that rates of payment for in-network providers for telehealth services provided pursuant to section 30 of said chapter 32A, section 79 of said chapter 118E, section 47MM of said chapter 175, section 38 of said chapter 176A, section 25 of said chapter 176B, section 33 of said chapter 176G and section 13 of said chapter 176I are not less than the rate of payment for the same service delivered via in-person methods.
§ 77. Section 68 is hereby repealed.

§ 79. Section 77 will take effect 90 days after termination of the governor's March 10, 2020, declaration of a state of emergency. (Provision expired September 13, 2021, 90 days following the termination of the Governor's State of Emergency Declaration).

SUMMARY:

SECTION 1.

Amends section 18AA of chapter 6A of the General Laws. The executive office of health and human services and the executive office of housing and economic development will determine a method for the common application portal to also allow individuals to simultaneously apply to the affordable connectivity program administered by the federal communications commission.

SECTION 2.

Amends section 30 of chapter 32A of the General Laws. Adds definitions for E-consults, E-Visits, and Remote patient monitoring services.

SECTION 3.

Amends subsection (b) of section 30 of chapter 32A of the General Laws. Group Insurance Commission (GIC) coverage for telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.

SECTION 4.

Amends section 30 of chapter 32A of the General Laws. GIC policies will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 5.

Amends section 30 of chapter 32A of the General Laws. Policies offered by the Group Insurance Commission will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

Carriers providing coverage to GIC insureds will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will make information available to the commission regarding the procedures that they have implemented.

Carriers providing coverage to GIC insureds will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 6.

Amends subsection (a) of section 79 of chapter 118E of the General Laws. Adds definitions for E-consults, E-Visits, and remote therapeutic monitoring services.

SECTION 7.

Amends subsection (b) of section 79 of chapter 118E of the General Laws. MassHealth coverage of telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices including but not limited to treatment for i) congenital heart diseases, ii) pulmonary conditions and lung diseases, iii) enteral nutrition and feeding

needs, iv) failure to thrive and gain weight, and v) gastrointestinal conditions and remote therapeutic monitoring services, devices and associated professional care.

SECTION 8.
Amends section 79 of chapter 118E of the General Laws. Policies offered by MassHealth will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 9.
Amends section 79 of chapter 118E of the General Laws. The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization (MCO), accountable care organization (ACO) or primary care clinician (PCC) plan, will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid MCO, ACO or PCC plan, will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits and will publish information annually regarding the procedures that they have implemented

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid MCO, ACO or PCC plan, will not prohibit out-of-state physicians from providing services to a patient physically located in Massachusetts.

The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid MCO, ACO or PCC plan, will not impose any prior authorization requirements to obtain medically necessary remote patient monitoring services and devices or remote therapeutic monitoring services or devices.

SECTION 10.
Amends section 47MM of chapter 175 of the General Laws. Adds definitions for E-consults, E-Visits, remote patient monitoring services and remote therapeutic monitoring services.

SECTION 11.
Amends subsection (b) of section 47MM of chapter 175 of the General Laws. Any individual, general, blanket, or group policy of health, accident, and sickness insurance coverage for telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.

SECTION 12.
Amends section 47MM of chapter 175 of the General Laws. Any individual, general, blanket, or group policy of health, accident, and sickness insurance will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to

the receipt of those same services on an in-person basis.

SECTION 13.
Amends section 47MM of chapter 175 of the General Laws. Any individual, general, blanket, or group policy of health, accident, and sickness insurance will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

Carriers will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will publish information annually regarding the procedures that they have implemented.

Carriers will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 14.
Amends section 38 of chapter 176A of the General Laws. Adds definitions for E-consults, E-Visits, remote patient monitoring services and remote therapeutic monitoring services.

SECTION 15.
Amends subsection (b) of section 38 of chapter 176A of the General Laws. Blue Cross coverage of telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.

SECTION 16.
Amends section 38 of chapter 176A of the General Laws. Blue Cross policies will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 17.
Amends section 38 of chapter 176A of the General Laws. Blue Cross policies will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

Blue Cross will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will publish information annually regarding the procedures that they have implemented.

Blue Cross will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 18.
Amends section 25 of chapter 176B of the General Laws. Adds definitions for E-consults, E-Visits, remote patient monitoring services and remote therapeutic monitoring services.

SECTION 19.
Amends subsection (b) of section 25 of chapter 176A (*sic*) of the General Laws. Blue Shield coverage for telehealth services will include coverage and reimbursement for e-consults, e-visits,

remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.

SECTION 20.
Amends section 25 of chapter 176B of the General Laws. Blue Shield policies will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 21.
Amends section 25 of chapter 176B of the General Laws. Blue Shield policies will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

Blue Shield will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will publish information annually regarding the procedures that they have implemented.

Blue Shield will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 22.
Amends section 33 of chapter 176G of the General Laws. Adds definitions for E-consults, E-Visits, remote patient monitoring services and remote therapeutic monitoring services.

SECTION 23.
Amends subsection (b) of section 33 of chapter 176G of the General Laws. HMO's coverage for telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.
SECTION 24.
Amends section 33 of chapter 176G of the General Laws. HMO policies will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 25.
Amends section 33 of chapter 176G of the General Laws. HMO policies will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

HMOs will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will publish information annually regarding the procedures that they have implemented.
HMOs will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 26.
Amends section 13 of chapter 176I of the General Laws. Adds definitions for E-consults, E-Visits, remote patient monitoring services and remote therapeutic monitoring services.

SECTION 27.
Amends subsection (b) of section 13 of chapter 176I of the General Laws. PPOs coverage of telehealth services will include coverage and reimbursement for e-consults, e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring services and devices.

SECTION 28.
Amends section 13 of chapter 176I of the General Laws. PPO policies will not impose any prior authorization requirements to obtain medically necessary health services via telehealth that would not apply to the receipt of those same services on an in-person basis.

SECTION 29.
Amends section 13 of chapter 176I of the General Laws. PPO policies will include reimbursement for interpreter services for telehealth patients with limited English proficiency or those who are deaf or hard of hearing.

PPOs will develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist them with accessing benefits. Carriers will publish information annually regarding the procedures that they have implemented.

PPOs will not prohibit out-of-state physicians from providing telehealth services to a patient physically located in Massachusetts.

SECTION 30.
Amends section 26 of chapter 176O. Updates the consumer protection statute to include telehealth services. The commissioner will establish standardized processes and procedures applicable to all health care providers and payers for the determination of a patient's health benefit plan eligibility at or prior to the time of service, including telehealth services. The commissioner will require establishment of an electronic data exchange to allow providers to determine eligibility at or prior to the point of care and determine the insured’s cost share for a proposed telehealth service, including any copayment, deductible, coinsurance or other out of pocket amount for any covered telehealth services.

SECTION 31.
Expands the telehealth report requirement of Chapter 260 of the Acts of 2020 to include a report due one year from the effective date of this Act on: i) the estimated impacts on costs and time spent by patients accessing healthcare services due to the use of telehealth; ii) the estimated impacts to access to healthcare services due to the use of telehealth including employment productivity, transportation costs and school attendance; iii) the estimated impacts on healthcare costs due to the impacts of telehealth on COVID-19 transmission and treatment; iv) the estimated impact on the costs of personal protective equipment for providers and healthcare facilities due to the use of telehealth; v) an estimate of the impact of health outcomes to those communities that have not been able to access telehealth services due to language or accessibility issues; and vi) an interim estimate of the fiscal impact of telehealth use in the commonwealth that shall include public health outcomes, increased access to services, reduction in transportation services and reduction in hospitalizations. The report will additionally include data regarding the number of telehealth visits utilizing an interpreter for those who are deaf and hard of hearing and for languages other than English and will quantify the number of telehealth visits in each language.

SECTION 32.
The Health Policy Commission (HPC) will establish a Digital Bridge Pilot Program to support telehealth services and devices and to provide funding for healthcare and human service providers and their patients and clients to support the purchase of telecommunications, information services and connected devices necessary to provide telehealth services to patients and clients.

SECTION 33.
The HPC will establish a Digital Health Navigator Tech Literacy Pilot Program, to complement and work in conjunction with the Digital Bridge Pilot Program. The program will establish telehealth digital health navigators including community health workers, medical assistants and other healthcare professionals to assist patients with accessing telehealth services. The HPC will publish a report, one year following the implementation of said Digital Bridge Health Navigator Tech Literacy Pilot Program.

SECTION 34.
The Executive Office of Health and Human Services (EOHHS) will establish a task force on an interstate medical licensure compact and licensure reciprocity. The task force will submit its recommendations to the governor and the clerks of the house of representatives and the senate.

SECTION 35.
EOHHS will establish a task force to address barriers and impediments to the practice of telehealth by health professionals across state lines for advanced practice registered nurses, physician assistants, behavioral and allied health professions, and other licensed health professions. The task force will submit its recommendations to the governor and the clerks of the house of representatives and the senate.

SECTION 36.
There will be a special commission to study and make recommendations on ways to address the inequity of health outcomes and digital access through the recruitment and implementation of digital health navigators. The commission will file a report and recommendations, including any legislation necessary to implement its recommendations, with the clerks of the house of representatives and the senate.

SECTION 37.
Repeals Sections 77 and 79 of Chapter 260 of the Acts of 2020. Amends the law so that the Group Insurance Commission, MassHealth and commercial insurers will pay in-network providers the same rates whether the service is delivered in-person or via telehealth.