

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

Bill No: H1288

Title: AN ACT RELATIVE TO TELEHEALTH PARITY FOR NUTRITION COUNSELING

Sponsor: Rep. Edward R. Philips (*Sharon*)

Hearing Date: April 29, 2025

Reporting Deadline: June 28, 2025

Prior History:

2023-24 (H1073): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

Similar Matters: S716 (Cyr – 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)

M.G.L. c. 112 Registration of Certain Professions and Occupations § 201 Definitions applicable to Secs. 201 to 210

"Licensed dietitian/nutritionist" or "LDN", a person licensed under sections 202 to 210 of this chapter. The terms "licensed dietitian" and "licensed nutritionist" may be used interchangeably.

M.G.L. c. 118E Division of Medical Assistance (MassHealth)

M.G.L. c. 175 Insurance

M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)

M.G.L. c. 176G Health Maintenance Organizations (HMOs)

M.G.L. c. 176I Preferred Provider Arrangements (PPOs)

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) 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. This evidence of coverage will contain a clear, concise and complete statement of:

4) the locations where, and the manner in which, health care services and other benefits may be obtained, including: (i) 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 shall 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

Chapter 260 of the Acts of 2020, An Act promoting a resilient health care system that puts patients first §§ 3, 40, 47, 49, 51, 53, 54

Health insurance payers will provide coverage of telehealth services when such services are appropriate and would otherwise be covered in-facility. Patient cost-sharing for telehealth services will be no higher than it would be had such services been provided in-facility. Health insurance payers may undertake utilization review, including preauthorization, to determine the appropriateness of telehealth as a means of delivering a health care service so long as such payers undertake such review on a non-discriminatory basis with in-facility utilization review.

Health insurance payers will pay in-network providers for telehealth services at the same payment rate as they would have had the providers delivered such services in-facilities. *(Provision expired September 13, 2021, 90 days following the termination of the Governor's State of Emergency Declaration).*

Health insurance payers will pay providers of primary care and chronic disease management for telehealth services at the same payment rates as they would have had the providers provided such services in-facilities. *(Provision expired on January 1, 2023, two years following enactment)*

Payers must pay behavioral health providers the same payment rates for telehealth behavioral health services as they do for in-facility behavioral health services. *(Provision remains in effect).*

SUMMARY:

This bill defines "Medical Nutrition Therapy" as the provision of nutrition care services, including nutrition counseling, provided by a licensed dietitian/nutritionist within the field of dietetics and nutrition aimed at prevention, delay, management, or treatment of a disease or condition.

The bill requires health insurance payers to pay in-network providers of medical nutrition therapy delivered by interactive audio-video technology and audio-only telephone no less than they do for the same in-facility medical nutrition therapy. The bill extends rate payment parity to out-of-network medical nutrition therapy providers when in-network medical nutrition therapy providers are unavailable.