



May 19, 2021

The Honorable Michael J. Rodrigues, Chair
Senate Committee on Ways & Means
State House, Room 212
Boston, MA 02133

The Honorable Cindy Friedman, Chair
Joint Committee on Health Care Financing
State House, Room 208
Boston, MA 02133

Dear Chair Rodrigues & Chair Friedman:

On behalf of the members of the Massachusetts Telemedicine Coalition (tMED), we would like to take this opportunity to share with you the importance of supporting **Amendment #565**, filed by Sen. Adam Gomez, which would extend the deadline by which certain provisions of Chapter 260 of the Acts of 2020 would be effective.

On Monday, May 17, Governor Baker announced the end of the Massachusetts state of emergency (SOE) effective June 15. Providers and regulators now have clarity as to when certain provisions of *An Act promoting a resilient health care system that puts patients first* (Ch. 260 of the Acts of 2020) will now take effect. We first want to again applaud your work on this critical piece of legislation. As you know, the law codifies coverage and reimbursement conditions for telehealth services in Massachusetts. Some of the provisions within the law differ from existing SOE authorizations and flexibilities for telehealth services, which were promulgated by the Administration on an emergency basis. These allowances have included reimbursement for telehealth services to be on par with in-person services, a provision that has supported increased access to healthcare during the public health crisis and, especially, for some of the most vulnerable patients in our state.

Given the Governor's announcement, providers and patients must immediately begin preparing for the implementation of a different set of allowances under Chapter 260—the effective date of which is 90 days following the termination of the SOE, or September 13.

We respectfully recommend that, per Amendment #565, the Senate consider an additional "glidepath" of 90 days (a new total of 180 days) for the implementation of Section 77 of Chapter 260 to allow healthcare providers time for:

- 1) modifying their billing systems, including accounting for potential changes in reimbursement;
- 2) adjusting patient scheduling; and

3) providing sufficient notice to patients with regards to any changes that providers may make regarding their continued ability to offer telehealth services.

Given the fast-approaching end to the SOE, the tMED Coalition is concerned that the law's existing 90-day glidepath offers insufficient time for healthcare providers to adjust to requisite changes, that will be promulgated via still-awaited regulatory guidance regarding coverage for certain telehealth technologies, visits, and billing and coding. In April, the Division of Insurance (DOI) and MassHealth completed a series of listening sessions intended to inform the implementation of Ch. 260. However, both the Division and MassHealth have yet to begin formal regulatory processes. The questions that the Administration is contemplating include defining the nature of a telehealth visit, qualifying conditions under the law's various healthcare service definitions, and documentation requirements for providers. **It is difficult, if not impossible, for providers and payers to establish a permanent system for telehealth services if they do not know the rules.**

The Coalition wishes to underscore that the provisions for telehealth under the SOE have expanded critical access to care for vulnerable patients, including for patients of color and for those who are low-income—the same population that has been disproportionately impacted by COVID-19. Allowing adequate time for a robust permanent telehealth system to be established in the commonwealth is an ask in the interest of health equity. These same patient populations continue to experience lower rates of vaccinations, which makes in-person healthcare visits risky.

Furthermore, any definitional changes in coverage and reimbursement necessitate time for providers and payers to adjust their billing systems accordingly and to inform patients. To prevent inappropriate denials and payments, any such changes in reimbursement, coding, billing, and utilization management must be appropriately reflected in the provider manual.

Extending the state's glidepath for enacting the provisions of Ch. 260 would also preclude disruptions in existing care plans. Prior to the Governor's May 17 announcement, providers did not know when the SOE would end. We have already heard from many of our members regarding patients whose treatments, which includes telehealth services, have been scheduled past the law's September 13 reimbursement parity sunset date. Physicians and other health care providers regularly schedule patients more than 90 days in advance. Often, these are patients managing long-term chronic diseases. The Coalition is concerned about the impact of a sudden shift in scheduled treatment and would greatly appreciate consideration of a 180-day glidepath framed by a now clear deadline by which all stakeholders may plan for and around a permanent Massachusetts telehealth system.

The tMED Coalition additionally would encourage the adoption of **Amendment #561**, also filed by Sen. Gomez, which would clarify Ch. 260's definition of chronic disease management for telehealth reimbursement over the next two years by: (1) following the definition established by the Centers for Disease Control and Prevention (CDC); and (2) including telehealth reimbursement parity for the treatment of COVID-19 and its long-term effects. The current definition of chronic disease management in Ch. 260, should it follow the conditions included in the Medicare Chronic conditions data warehouse, allows only a limited set of conditions to be treated. These conditions disproportionately affect elderly

populations (who are not covered under Ch. 260 by virtue of being Medicare patients) and affords treatment only by a circumscribed set of clinicians for a limited list of 4 procedural codes. Utilizing a broad definition of chronic disease management, as entailed in the CDC definition, ensures that the state's implementation of telehealth includes relevant and critical space to remain aligned with evolving medical evidence, eliminates the need to establish a process in which qualifying conditions would have to be regularly updated, and removes the potential for bottlenecks in the provision of accessible care that does not exist within in-office settings.

Finally, the tMED Coalition would respectfully request that the Senate consider adopting **Amendment #564**, also filed by Sen. Gomez, which directs the Executive Office of Health and Human Services (EOHHS) to study the state's potential entry into an interstate medical licensure compact or other licensure reciprocity agreements. During the pandemic, telehealth was practiced across some state lines, and both patients and providers report positive experiences. This novel expansion of care, however, was offered by virtue of state-by-state flexibilities that are shifting as the pandemic continues to wind down. The Coalition believes that it would be important for Massachusetts to consider the utility of capitalizing upon what is increasingly a digital healthcare space by investigating interstate physician licensure or reciprocity. To that end, the Health Policy Commission (HPC) has already been tasked with assessing the state's entry into a national nurse licensure compact. Moreover, staffing shortages in the state's healthcare sector, including for child and adolescent psychiatrists whose services are particularly well-adapted to telehealth modalities, have exacerbated the need for creative solutions to link patients to provider care.

We appreciate the opportunity to share our perspective and look forward to working with the Senate on the passage of these amendments.

Sincerely,

The tMED Coalition

- Massachusetts Health & Hospital Association
- Massachusetts Medical Society
- Massachusetts League of Community Health Centers
- Conference of Boston Teaching Hospitals
- Massachusetts Council of Community Hospitals
- Hospice & Palliative Care Federation of Massachusetts
- American College of Physicians – Massachusetts Chapter
- Highland Healthcare Associates IPA
- Health Care For All
- Organization of Nurse Leaders
- HealthPoint Plus Foundation
- Massachusetts Association of Behavioral Health Systems
- Massachusetts Academy of Family Physicians
- Seven Hills Foundation & Affiliates
- Case Management Society of New England

- Massachusetts Association for Occupational Therapy
- Atrius Health
- New England Cable & Telecommunications Association
- Association for Behavioral Healthcare
- National Association of Social Workers – Massachusetts Chapter
- Massachusetts Psychiatric Society
- Massachusetts Early Intervention Consortium
- Digital Diagnostics
- Zipnosis
- Perspectives Health Services
- Bayada Pediatrics
- American Heart Association / American Stroke Association
- Planned Parenthood Advocacy Fund of Massachusetts
- Mass. Family Planning Association
- BL Healthcare
- Phillips
- Maven Project
- Upstream USA
- Cambridge Health Alliance
- Heywood Healthcare
- Franciscan Children's Hospital
- American Physical Therapy Association – Massachusetts
- Community Care Cooperative
- Fertility Within Reach
- Virtudent
- Resolve New England
- Massachusetts Association of Mental Health
- AMD Global Telemedicine
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