



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

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The Honorable Gary D. Anderson  
Commissioner, Massachusetts Division of Insurance  
1000 Washington Street, Suite 810  
Boston, MA 02118

Dear Commissioner Anderson:

On behalf of the over 25,000 physician members of the Massachusetts Medical Society, thank you for your diligent work throughout the state of emergency to keep our health care market operating as smoothly as possible. I write to respectfully urge an extension of existing telehealth reimbursement parity requirements, which are set to expire on September 13<sup>th</sup>, through the remainder of the calendar year. The Delta variant of the COVID-19 virus has been driving an alarming resurgence of the pandemic since early July. As we plan for the fall, we should be doing everything possible to continue policies that facilitate access to health care via telemedicine.

The lifting of the COVID-19 state of emergency in June triggered the September 13<sup>th</sup> sunset of across-the-board reimbursement parity requirements. Given the current state of the COVID-19 pandemic, we believe a continuation of reimbursement parity for commercial health insurers through the calendar year is essential to support a smooth transition. This can be accomplished through a continuation of existing regulatory guidance regarding reimbursement parity, which would constitute a technical solution to the challenges posed by the unexpected resurgence caused by the Delta variant and would not change the substance of the telehealth law in any way. Failure to act will negatively impact access to care for patients, will jeopardize stability for physician practices, and may seriously disrupt the health care market.

We have heard from countless physician members who are understandably concerned about how potential changes may impact the financial sustainability of their practices and ability to continue offering services via telehealth. They have also expressed concern regarding the impact such changes may have on their patient's ability to safely access care through telemedicine. Additionally, those caring for pediatric patients with chronic conditions who are acutely vulnerable to COVID-19 and not yet eligible to be vaccinated are very concerned for their patients, who are understandably fearful of resuming in-office care and eager to continue accessing care via telemedicine. Absent formal regulations, it is not clear to physicians whether some of these services would be considered primary care or chronic disease management or whether they would be susceptible to drastic changes in payment in the coming weeks.

A short-term extension of the status quo would provide certainty for all stakeholders and provide the Division of Insurance (DOI) adequate time to thoughtfully complete telemedicine regulations such that stakeholders could consider them in time to implement necessary changes before the parity requirement expires. Through the thoughtful listening session series facilitated by the Division and MassHealth, it became clear that many fundamental regulatory matters of interpretation need to be addressed. For example, how will a telemedicine visit be defined? How will the state define different categories of care – behavioral health services, primary care services, and chronic disease management

services? How will the Division regulate billing and coding of services delivered via telemedicine? We must have answers to these fundamental questions to understand how these changes in reimbursement requirements will impact the practice of medicine via telehealth. It will be exceedingly challenging, if not impossible, for providers and payers alike to establish a permanent framework for telehealth services if there is lack of clarity about the rules.

The Medical Society wishes to thank you for your consideration of these critical health care issues during this challenging, unprecedented transition out of a state of emergency. With some thoughtful, tailored regulatory guidance, patients and physicians across the Commonwealth will be equipped to plan for this diligent transition.

Sincerely,

Carole E. Allen, MD, MBA, FAAP