Massachusetts Medical Society
*Every physician matters, each patient counts.*

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860 winter street
waltham, ma 02451-1411
tel (781) 893-4610
toll-free (800) 322-2303
fax (781) 893-9136
www.massmed.org

The Honorable Ronald Mariano
Speaker of the House
State House, Room 356
Boston, MA 02133

Dear Mr. Speaker:

Thank you for your continued leadership on health care issues, including the expansion of telehealth in Massachusetts. A top concern for physicians across the Commonwealth is the expiration of certain telehealth reimbursement parity requirements. Chapter 260 of the Acts of 2020 sunsets reimbursement parity for many telehealth services 90 days after the end of the COVID-19 state of emergency. Given that the state of emergency ended on June 15th, we believe an additional 90 days of reimbursement parity is essential to support a smooth transition. This additional 90 days would be a small, technical solution to the problems posed by an unexpectedly early end of the state of emergency, and it would not change the substance of the telehealth law in any way. Additionally, it would give 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 comes to an end. **We therefore ask the Legislature to amend Section 79 of Chapter 260 to postpone changes in telehealth reimbursement by an additional 90 days, for a total of 180 days after the end of the state of emergency.**

Over the last few months, DOI and MassHealth facilitated a five-part listening session with telehealth stakeholders. In these sessions, it was 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 in order 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 doubt about the rules.

Currently, the parity requirements expire 90 days after the end of the state of emergency, in September, before DOI has time to formally promulgate regulations. This timeline will not be sufficient for physicians, health systems, and payers to incorporate the new telehealth framework into their clinical, billing, and payment systems. This sudden expiration will create massive uncertainty for physicians and patients, and it will be potentially disruptive to patients' access to care. Since the onset of the COVID-19 pandemic, physician offices have undergone a massive transformation to redesign care delivery. They have worked to develop protocols and establish systems, workflows, and staffing for telehealth services alongside traditional in-person care. Implementing these changes took a significant amount of time and resources realized through complex coordination between revenue, contracting, and finance teams, and it will be extremely challenging to adjust to a new – presently unknown – reimbursement framework. An additional 90 days is critical to give all stakeholders enough time to respond to forthcoming changes in medical coverage, adjust workflow and scheduling of patients, and respond to other administrative changes, as well as prepare patient communications about the continued ability to access services through telehealth in the long-term.

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 legislative assistance, patients and physicians across the Commonwealth will be equipped to plan for this diligent transition.

Sincerely,

Carole E. Allen, MD, MBA, FAAP