



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

April 19, 2023

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The Honorable Aaron Michlewitz  
Chair, House Ways & Means  
State House, Room 243  
Boston, MA 02133

Dear Mr. Chairman:

The Massachusetts Medical Society (MMS) appreciates your efforts, and those of the members of the House Ways and Means Committee and staff, to produce H.3900, the House Ways and Means FY'24 budget. H.3900 is a thoughtful, fiscally responsible proposal that will ensure the Massachusetts economy continues to grow and remain competitive while the Commonwealth prepares for the end of the COVID-19 public health emergency. On behalf of the over 25,000 physician, resident, and student members of the MMS, we commend H.3900's significant investments in health care, including but not limited to resources to help ease the disruption of the MassHealth redetermination process, support allied health workforce development, and expand treatment options for people living with mental health and substance use disorders.

We are grateful for the inclusion of **Outside Section 32**, which will provide insurance premium subsidies for a broader subset of individuals and families across Massachusetts and greatly improve the affordability of health insurance by allowing patients to access higher quality insurance products. This will reduce out-of-pocket costs and premium costs for a large segment of residents who otherwise often get steered into expensive, high-deductible health plans, which are associated with greater affordability challenges.

We believe the following amendments would build upon the House's commitment to health care and we wish to be recorded in support of:

### **Amendment #407**

#### **Preserving Preventative Services (Lawn)**

This amendment would require private health insurers to cover a variety of preventive services, including but not limited to screenings, contraception, and vaccines, without cost sharing for enrollees. This amendment will enshrine into state law critical Affordable Care Act protections that were recently struck down by a federal judge in Texas, ensuring that over 3 million Massachusetts residents continue to have affordable access to high-quality preventive care that helps them stay healthy, detect illness early, and lead productive lives. Importantly, it does not add new mandated benefit requirements for state-regulated health insurance plans, as this requirement is a well-established federal law that health plans across the country have complied with for nearly a decade.

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**Amendment #733**  
**Telehealth Reimbursement Parity (Decker)**

This amendment would extend the reimbursement parity for primary care and chronic disease management services for 2 years to coincide with the flexibilities for Medicare telehealth that will remain in place until December 31, 2024.

Under the framework of Ch. 260 – the state’s telehealth law – the state operated under the assumption that primary care services and chronic disease management services would be clearly defined and reimbursed for a period of 2 years – during calendar years 2021 and 2022. However, the rise of the COVID-19 delta and omicron variants were not predicted when this legislation was created. Additionally, the state’s Division of Insurance has been deliberating on proposed regulations for the past 11 months, leaving the definitions for primary care and chronic disease management services undefined 27 months after the law’s effective date.

The result has been a lack of predictability and stability in the marketplace for providers, which in turn affects patient access to care. Subsequently, providers are now beginning to experience a “reimbursement cliff” as one commercial insurer is no longer reimbursing telehealth on-par with in-person visits and is reducing reimbursement for telehealth services by 20% for all non-primary care and chronic disease management care. This type of reduction in payment for providing the same care through a different modality will ultimately render telehealth unsustainable.

Importantly, the additional time for reimbursement parity will also allow data to be collected on the use of telehealth as providers transition to post-pandemic times. Such data is necessary to form the foundation of a long-term telehealth payment framework.

**Amendment #1273**  
**Digital Health Navigators (Finn)**

This amendment would establish a digital health navigator program that would direct community health workers, medical assistants, and other healthcare professionals to assist patients with accessing telehealth services. The program and its requested \$750,000 appropriation would prioritize populations who experience increased barriers in accessing healthcare and telehealth services, including those disproportionately affected by COVID-19, the elderly, and those who may need assistance with telehealth services due to limited English proficiency or limited literacy with digital health tools. Entities receiving funding through this program will provide culturally and linguistically competent hands-on support to educate patients on how to access broadband and wireless services and subsequently utilize devices and online platforms to access telehealth services.

**Amendment #1432**  
**Interstate Telehealth and Patient Continuity of Care (Cassidy)**

As the legislature has taken important steps to facilitate telemedicine access for patients within Massachusetts, questions have arisen about how Massachusetts physicians and providers can provide care when their patients have crossed a state border. Currently physicians and other providers are forced to undergo a lengthy and burdensome process to apply for and maintain licenses in multiple states. Interstate licensure compacts, which are legislatively enacted agreements between states, are one mechanism that can facilitate the practice of medicine across state lines, but other mechanisms also exist. As of November 2022, sixteen states have adopted long-term or permanent pathways that enable out-of-

state providers to deliver telehealth in their state without obtaining a full license. Eight states allow out-of-state providers to register or obtain a waiver for the provision of telehealth services, and eight states issue special telehealth licenses or permits.

This amendment would establish task forces to explore alternative licensure-reciprocity models that may better suit the needs of patients in today's itinerant environment. The respective Task Forces would be charged with conducting an analysis and reporting on its evaluation of the Commonwealth's options to facilitate appropriate interstate medical practice and telemedicine practice that will promote patient access and continuity of care.

Thank you for your attention to these comments. We are happy to connect at your convenience to discuss further or respond to any questions or requests for more information that you or your staff may have.

Sincerely,

Theodore A. Calianos, II, MD, FACS

CC: Members of House Committee on Ways & Means