



HB991 / SB612

An Act Advancing and Expanding Access to Telemedicine Services

Joint Committee on Financial Services

October 1, 2019

On behalf of the members of our coalition, the Massachusetts Telemedicine Coalition (tMED) would like to offer its strong support for **HB991/SB612**, “An Act Advancing and Expanding Access to Telemedicine Services.”

The 32 coalition organizations that endorse **HB991/SB612** today include: the Massachusetts Health & Hospital Association, the Conference of Boston Teaching Hospitals, the Massachusetts Council of Community Hospitals, Atrius Health, AARP Massachusetts, the MAVEN (Medical Alumni Volunteer Expert Network) Project, the Massachusetts Psychiatric Society, Health Care For All, the ACT!! (Affordable Care Today!!) Coalition, the American Heart Association/American Stroke Association, the Massachusetts League of Community of Community Health Centers, the Association for Behavioral Healthcare, the Massachusetts Association of Behavioral Health Systems, the Case Management Society of New England, the Seven Hills Foundation, the National Association of Social Workers – Massachusetts Chapter, Planned Parenthood Advocacy Fund of Massachusetts, AMD Global Telemedicine, the Hospice & Palliative Care Federation of Massachusetts, the Organization of Nurse Leaders of Massachusetts, Rhode Island, Connecticut, New Hampshire & Vermont, the Massachusetts Academy of Family Physicians, the Massachusetts Association of Occupational Therapists, Perspectives Health Services, Phillips, the Massachusetts Family Planning Association, 3Derm, Zipnosis, Bayada Pediatrics, BL Healthcare, Health Point Plus Foundation, Connect2Health, and Massachusetts CFID /ME & FM Association.

Telemedicine improves care by giving patients more convenient access to primary care providers and greater access to specialists (e.g., behavioral health and surgical specialties) located outside of their geographic area. Many people have a difficult time accessing in-person healthcare due to mobility limitations, major distances, time barriers, and transportation limitations, such as the lack of an automobile or public transit. Expanding statewide access to telemedicine will assist vulnerable populations in receiving critical and life-saving treatment regardless of economic means, physical ability,

or geographic location. By providing access to specialists at all hours of the day by employing tools such as remote patient monitoring, telemedicine has improved the health of patients suffering from chronic diseases such as asthma, congestive heart failure, chronic obstructive pulmonary disease, diabetes, and hypertension.

Additionally, patients who need access to specialty services often find it difficult to take time off of work and/or travel long distances. Telemedicine provides a low-cost, efficient, and convenient alternative to an in-person visit. For many employers the availability of telemedicine as part of an employee benefit package has been found to result in an overall cost reduction without shifting costs to employees, while also improving employee health and productivity. According to the National Business Group on Health August 2018 survey of large employers, 96% of these businesses will make telemedicine services available to employees in states where it is allowed. These same employers are witnessing an uptake in the use of telemedicine, with telemedicine services being used for 8% of patient appointments. By providing access to board-certified, credentialed primary and specialty care doctors on demand, telemedicine can help reduce hospital readmissions, decrease lengths of stay, and cut down on emergency room visits.

The *t*MED Coalition was pleased last session that both the House and Senate put forth proposals to create a regulatory framework that would expand access to telemedicine services for patients in Massachusetts. While this was a positive start, **HB991/SB612** seeks to address many of the gaps and barriers that remain by putting in place a comprehensive framework for the implementation of telemedicine services in Massachusetts.

In particular, **HB991/SB612** reinforces what the state's Center for Health Information and Analysis (CHIA) concluded in October 2016; namely, that telemedicine is not a mandated benefit but a change in modality. As CHIA's recent report noted, "Telemedicine is not a distinct specialty, but is instead the use of interactive telecommunication technologies to deliver a variety of healthcare services to treat many different diseases and conditions."

HB991/SB612 improves insurance coverage of telemedicine by requiring coverage through the Massachusetts Medicaid program, the Group Insurance Commission, and all managed care plans. The aforementioned CHIA analysis found that "requiring coverage for telemedicine by fully insured plans under this legislation would increase premiums by as much as 0.002 percent, on average, over the next five years; [however] a more likely result is that the bill's incremental impact will be too small to measure with any precision." In fact, recent initiatives in Connecticut's Medicaid program working with a federally qualified health center to utilize telemedicine consultations in four high-demand specialties found that the community health center's costs were \$84 lower, on average, versus patients who were referred to a face-to-face visit. This equals an annualized savings of nearly \$579,000. The use of telemedicine also sped access to treatment with e-consults having a turnaround response time of 4 days.

In February, MassHealth issued two bulletins that allow for provider coverage for behavioral health services delivered via telehealth through standard outpatient services and emergency services program services. This is the first time that the MassHealth program has offered coverage for telemedicine services – but the current options are limited in scope to certain providers, Medicaid managed care organizations, and patients. While these bulletins are a good first step, **HB991/SB612** would require coverage for

telemedicine across all providers, payers and programs in MassHealth. It shouldn't matter what type of insurance coverage that you have determine whether or not you can access telemedicine services.

In addition, the bill will align Massachusetts rules with federal standards that currently allow appropriate clinicians to provide telemedicine services within their current licensure and scope of practice standards. Federal rules have adopted a streamlined and more efficient provider credentialing process to allow these caregivers to provide telemedicine services in rural areas; specifically, the federal rules eliminate duplicative paperwork and reviews at each site at which the provider seeks to offer care through telemedicine. Contrary to these federal rules, Massachusetts requires a provider to go through an extensive credentialing process at each site of care, which requires detailed documentation of Primary Source Verification of each clinician's education, skills, trainings, and more. This adds to the overall cost and internal resources for each facility at which the provider is seeking to provide remote telemedicine services. **HB991/SB612** directs the respective boards of registration to promulgate regulations allowing licensed clinicians to obtain proxy credentialing for telemedicine services consistent with the federal Medicare Conditions of Participation for telemedicine in the rural telemedicine program.

HB991/SB612 also includes a definition of telemedicine that is flexible and follows the policy recommendations of the National Business Group on Health. This definition covers interactive technologies, including videoconferencing, in addition to asynchronous technologies, that comprise store-and-forward technologies, remote patient monitoring, and mobile health. This effort also follows the recent decision of Medicare, in the CY2019 Physician Payment Fee Schedule, to include a code for the coverage of remote evaluation of pre-recorded patient information (HCPCS Code G2010). Such store-and-forward communication technology provides for the asynchronous transmission of healthcare information. Hospitals, health systems, specialists, home- and community-based providers, and the U.S. Departments of Defense and Veterans Affairs already have trained and deployed clinicians and IT staff to use asynchronous technologies to deliver accessible and high-quality care to their patients. These technologies should be included in the state's definition of telemedicine – and be covered by payers – if we wish to truly unleash the potential of telemedicine to assist healthcare providers and improve patient care.

HB991/SB612 directs that licensing board regulations allow for the establishment of the provider-patient relationship via telemedicine. **HB991/SB612** also make clear that nothing included in the regulations changes the prevailing standard of care for healthcare services, whether delivered in-person or through telemedicine.

Finally, **HB991/SB612** includes a number of additional patient protections. The bill: 1) explicitly states that insurers cannot meet network adequacy through a significant reliance on telemedicine providers and that they shall not be considered to have an adequate provider network if patients can't access appropriate in-person services in a timely manner; 2) indicates that a patient may decline receiving telemedicine services in order to access in-person services and cannot incur increased financial burdens for doing so; and 3) directs the respective boards of registration in various health professions to develop regulations so that telemedicine providers can provide information to patients about follow-up care services that are available in their communities through a website identifying such information.

As the need for healthcare services grows, telemedicine will improve access and increase the efficiency of care delivery in Massachusetts, while decreasing overall costs. It will also increase productivity of

workers and reduce absenteeism for schoolchildren. The tMED Coalition urges the committee to give **HB991/SB612** a favorable report at its earliest convenience and look forward to working with the committee on this legislation.

Should you have any questions or concerns, please contact Adam Delmolino, Director of State Government Advocacy at the Massachusetts Health & Hospital Association, at (781) 262-6030 or adelmolino@mhalink.org.