



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

May 18, 2023

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

Dear Mr. Chairman:

The Massachusetts Medical Society (MMS) appreciates your efforts, and those of the members of the Senate Ways and Means Committee and staff, to produce S.3, the Senate Ways and Means FY'24 budget. S.3 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 S.3's significant investments in health care, including but not limited to resources to help ease the disruption of the MassHealth redetermination process, investments in behavioral health workforce development, and expansion of treatment options for people living with mental health and substance use disorders.

We are grateful for the inclusion of **Outside Sections Preventive Services 1 - 6**, which 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 codify 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.

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 EHS #417  
Telehealth Reimbursement Parity (Finegold)**

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

December 31, 2024. This extension is also consistent with recommendations from the Health Policy Commission issued in their recent report on telehealth utilization.<sup>1</sup>

Reimbursement parity protections for primary care and chronic disease management ended on December 31, 2022. Most health plans throughout the Commonwealth have delayed implementing telehealth payment changes for primary care and chronic disease management given the current strain on hospitals and health systems. One plan, however,

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<sup>1</sup> <https://www.mass.gov/doc/telehealth-use-in-the-commonwealth-and-policy-recommendations/download>

860 WINTER STREET

WALTHAM, MA 02451-1411

TEL (781) 893-4610

TOLL-FREE (800) 322-2303

FAX (781) 893-9136

WWW.MASSMED.ORG

has implemented the drastic step to reimburse telehealth for chronic disease and primary care with a 20% reduction from the same in-person services – a reduction that is unsustainable for the continued delivery of care via telehealth. Given this confusing environment, patients and providers are still operating in a place of uncertainty due to the lack of regulations by the division of insurance. The result has been a lack of predictability and stability in the marketplace for providers, which in turn affects patient access to care.

Extending reimbursement parity consistent with the HPC recommendation allows more time for data collection on telehealth utilization and the impact on access to care and cost, especially as providers transition to a post-pandemic environment. Such data is necessary to form the foundation of a long-term telehealth payment framework.

#### **Amendment EHS #554**

##### **Interstate Telehealth and Patient Continuity of Care (Oliveira)**

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 April 2023, twenty-four 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, and three states and D.C. have a regional reciprocity agreement.

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.

#### **Amendment EHS #354**

##### **Physicians and Mental Health (Velis)**

This amendment is a technical correction to the Mental Health ABC Act that would exempt physicians in compliance with the requirements of a mental health, drug or alcohol program satisfactory to the Board of Registration in Medicine from additional reporting or disciplinary actions by the Board, consistent with the parameters of a newly created diversionary program for all other health care professionals in Chapter 177 of the Acts of 2022.

#### **Amendment EHS #353**

##### **MCPAP and MCPAP for Moms (Velis)**

This amendment increases critical funding for mental health resources for psychiatric consultation and care coordination for children and pregnant and postpartum individuals, supporting vulnerable populations in this mental health crisis.

#### **Amendment E #373**

##### **Mifepristone Access (Creem)**

This amendment provides increased funding for the initiative coming out of C.127 of the Acts of 2022 to require public universities to provide access to medication abortion, which is all the more critical given recent legal challenges to evidence-based medicine.

**Amendment EHS #385**

**Mental Health Parity Implementation (Cyr)**

This amendment would appropriate an additional \$500,000 for the Division of Insurance to implement and enforce mental health parity protections established under Chapter 177 of the Acts of 2022, including but not limited to hiring staff, screening, investigating, and adjudicating consumer and provider parity complaints, and conducting market conduct exams.

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,

Barbara S. Spivak, MD