



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

COMMENTS RELATIVE TO HOUSE BILL 4888, AN ACT TO PROMOTE RESILIENCE IN OUR HEALTH CARE SYSTEM JULY 28, 2020

The Massachusetts Medical Society appreciates the opportunity to offer comment on amendments filed to House bill 4888, *An Act to promote resilience in our health care system*. The legislation addresses many important issues facing our patients and our health care system. The comments offered below are informed by the medical community's unprecedented experiences caring for patients during the COVID-19 crisis, which have highlighted the necessity to maximize the safest form of medical care via telemedicine and which have underscored the need for stability in the health care system as physicians try to withstand reductions in patient volume up to 70% over much of the Spring. Specifically, the Massachusetts Medical Society wishes to offer comment on the following amendments:

Telehealth

The Medical Society believes in the promise of telehealth, seeing it as the single most critical means to improve access to care for patients, during COVID and beyond. Establishing a framework for coverage and reimbursement that reduces barriers to its adoption and use by both patients and physicians is necessary in responding to the current pandemic and healthcare access issues at large.

Accordingly, MMS supports the following telehealth amendments:

- **94 (Rep. Decker) – expands covered services to include all medically necessary care, beyond just primary care, behavioral health, and chronic disease management, to cover care such as a COVID-19 visit with an infectious disease specialist, pregnancy care, and post-surgical wound care.**
- **72 (Rep. Gregoire) – eliminates origination site restrictions that would unnecessarily limit where a patient can receive care via telehealth so that medical necessity drives coverage.**
- **90 (Rep. Decker) – eliminates unnecessary restrictions on prescribing via telemedicine that are inconsistent with BORIM policy.**
- **63 (Rep. Cahill) – limits the use of prior authorizations for services delivered via telemedicine only to where they are allowed for that same service delivered in person.**

Out-of-Network Billing

MMS opposes the out-of-network billing proposal in H.4888, as it sets the state's default reimbursement at unreasonable, unsustainable rates during a challenging period of unprecedented uncertainty for physician practices and hospitals. MMS supports existing policies protecting patients from surprise bills, such as the Governor's Executive Order and federal prohibitions on balance billing by any physician receiving federal relief funds.

To achieve patient protections with less harm to physician practices, MMS supports amendments:

- **18 (Rep. Santiago) – modifies the reimbursement framework for out-of-network physicians providing emergency services to include reference to**

115% of the average allowed amount, which will ensure that physicians are reimbursed for emergency services based upon rates negotiated in MA between physicians and insurers rather than being based solely upon the federal government's Medicare reimbursement rate.

- **19 (Rep. Santiago) – aligns H.4888 with the Governor's Executive Order, extending patient protections from surprise bills for any care related to COVID-19.**
- **33 (Rep. Lawn) – protects patients from surprise bills and promotes a creative solution to encourage good-faith negotiation of out-of-network bills and establishes a dispute resolution process for timely resolution of outstanding bills.**

Scope of Practice

MMS opposes the expansion of scope of practice authority for nurse practitioners (NPs) and psychiatric nurse mental health clinical specialists that is contained in this bill, instead preferring to retain a physician-led, team-based model of care. This model best promotes coordinated, patient-centered care by maximally utilizing all health care professionals in their most appropriate capacities while maintaining important patient protections and promoting access to high-quality care.

To support patient-centered, and physician-led, team-based health care with robust patient protections, MMS supports amendment 16 (Rep. Cassidy), which ensures commensurate administrative oversight and licensing requirements for independent practitioners akin to those that govern physician practice, such as online provider profiles with malpractice information and a robust licensing board with the resources to provide due oversight. MMS opposes amendments 7 (Rep. Donato), 23 (Rep. Donato) and 61 (Rep. Baber), which seek to expand practice authority for CRNAs, podiatrists, and physician assistants.

Other Important Health Care Issues

The Medical Society also wishes to be recorded in support of the following amendments: amendment 11 (Rep. Baber – seeking to reduce cost sharing for select chronic disease prescriptions and other COVID-related vaccines and treatments); amendment 17 (Rep. Roy – seeking to reform insurer “step-therapy” programs); amendment 13 (Rep. Silvia – seeking to expand use of clinical pharmacists); amendments 12 and 15 (Rep. Honan – promoting the use of telehealth); and amendment 76 (Rep. Decker – seeking to include “evaluation” as a component of covered behavioral health services). The Medical Society further wishes to be recorded in opposition to the following amendment: 107 (Rep. Peake – seeking to expand the scope of practice for nurse practitioners).

The Medical Society appreciates the opportunity to provide comment. As we continue to grapple with the COVID-19 pandemic, this legislation will have far reaching effects on the practice of medicine and the ability to keep patients safe and healthy.