



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

April 21, 2022

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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.4700, the House Ways and Means FY'23 budget. H.4700 is a well thought out, fiscally responsible proposal that will guide the Commonwealth past the challenging times brought about by the pandemic and protect residents against insecurities regarding housing, food, and educational disparities. On behalf of the over 25,000 physician, resident, and student members of the MMS, we are especially appreciative of H.4700's attention to the health care needs of our citizens, including but not limited to full funding of MassHealth, increased resources for those struggling with mental health and substance use disorders, and various programs to address the unprecedented workforce challenges in health care as well as affordability of care.

In particular we would like to highlight our support of outside section 52, which establishes a two-year pilot program for health insurance premium assistance for people with incomes between 300% and 500% of the federal poverty level. This program will have such an important impact on reducing out-of-pocket costs and premium costs for a large segment of residents who otherwise often get steered into expensive, high-deductible health plans.

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 #1469 Extending reimbursement parity for telehealth services (Cahill)**

This amendment would extend parity requirements contained in C.260 of the Acts of 2020 to require insurance carriers to reimburse in-network providers delivering chronic disease management and primary care services via telehealth at rates not less than the rate of payment for the same service delivered via in-person methods. These provisions would take effect 365 days after the Division of Insurance promulgates final regulations implementing the provisions of section 58 of chapter 260 of the acts of 2020 or December 31, 2023, whichever is later.

The dramatic increase in telemedicine utilization prompted by the COVID-19 pandemic has underscored the vital role telemedicine plays in providing continuity of, and improved access to, care. Telemedicine has quickly become an essential part of the core health care infrastructure in the Commonwealth. While we grapple with the next stages of the pandemic and beyond, we need consistency and predictability in reimbursement to allow telehealth to flourish for all patients, including care that is not COVID-specific. We also need more time to collect data in order to more accurately assess the impact of telehealth on access, costs, and quality, which will help inform long-term payment

policies. Payment parity is particularly important for small practices and those located in underserved communities who may not have the financial means to offer telehealth if reimbursement is substantially lower. This amendment is an important next step to ensure continued and equitable access to care through telehealth for all patients.

**Amendment #557 Telehealth Digital Navigator Program (Cassidy)**

This amendment would appropriate \$750,000 for the Department of Public Health to establish a telehealth digital navigator program that would direct community health workers, social workers, and other healthcare professionals to assist patients with accessing telehealth services. Populations who experience increased barriers to accessing healthcare and telehealth services, including communities of color, low-income communities, the elderly, and those who may need assistance with telehealth services due to limited English proficiency or limited literacy with digital health tools would be prioritized. Entities receiving funding through this program will provide culturally and linguistically sensitive 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. Adoption of this amendment will help ensure that our telemedicine policies support access to care for all.

**Amendment #1225 Funding for the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) (Fernandes)**

This amendment would ensure that at least \$650,000 is expended to maintain the MCSTAP program for treatment of addiction and pain and to provide case management and care navigation support to assist healthcare facilities, individual practitioners, and other healthcare providers in identifying community-based providers to refer patients for treatment of substance use disorder.

The program also provides peer-to-peer consultation services to health care providers to guide them in pain management and addiction care. It has been a hugely successful model that allows more primary care clinicians to provide access to this care, especially when facing significant shortages of specialists, shortages disproportionately impacting certain parts of the state. To date, MCSTAP has done 1,219 consultations since the program began (January 2019 – March 2022). Additionally, approximately 761 clinicians have participated in MCSTAP's monthly clinical case discussions. Moreover, the volume of MCSTAP consultations has increased significantly. Total consultations in 2021 increased by 48 percent compared to 2020. Adoption of this amendment will ensure the continued operation of this important program for clinicians and patients.

**The Society would also like to go on record in support of the following:**

- **Amendment #117, Massachusetts Tobacco Cessation and Prevention Program (Gregoire)** This amendment would increase funding for the Department of Public Health Tobacco Cessation and Prevention Program.
- **Amendment #1226, Expansion of Medication Assisted Treatment (MAT) Pilot Program (Cassidy)** This amendment would allow Sheriffs in Barnstable, Berkshire, Bristol, Dukes, Plymouth, and Worcester counties to voluntarily join the MAT pilot program after July 1, 2022. Under current law (Section 98 of Chapter 208 of the Acts of 2018) Sherriffs in Franklin, Hampden, Hampshire, Middlesex, and Norfolk counties were already invited to voluntarily participate in the MAT program.
- **Amendment #1242, Medication Assisted Treatment (Cassidy)** This amendment would increase funding for the MAT program from \$15,000,000 to \$22,627,799.90.
- **Amendment #1470, Fetal and Infant Mortality Review (Miranda)** This bill would improve the Fetal and Infant Mortality Review (FIMR) process by: (1) requiring

timely data sharing from DPH to local public health departments on infant and fetal deaths; (2) empowering local public health departments to access Vital Statistics data and other relevant data; and (3) enabling an established and proven tool to address community issues through FIMR.

- **Amendment #1471, Medicaid Coverage for Doula Services (Miranda)** This amendment would require MassHealth coverage for perinatal doulas, trained professionals who provide physical, emotional, and informational support - but not medical care - for childbearing individuals, surrogates, foster care, and adoptive parents before, during, and after labor and childbirth.

**Lastly, the MMS wishes to be recorded in opposition to Amendment #1342 (Khan) which would create a Board of Registration in Midwifery to license professional midwives.** The MMS continues to have concerns with this proposal, including, for example, the lack of a requirement to report out-of-hospital birth transfers to DPH, which improves the collection of accurate home birth outcomes data and strengthens the state oversight/licensure role, and the lack of a clearly defined scope of practice for CPMs that is limited to normal, low-risk pregnancy and newborn care with statutory guidelines and considerations outlining when home birth may be safe and appropriate.

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,

Carole E. Allen, MD, MBA, FAAP

CC: Members of House Committee on Ways & Means