



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

May 20, 2022

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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.4, the Senate Ways and Means FY'23 budget. S.4 is a thoughtful proposal with strong measures to 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 S.4'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, various programs to address the unprecedented workforce challenges in health care as well as affordability of care and attention to the issue of access to reproductive health services.

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

Amendment OTH 828 Extending Telehealth Reimbursement Parity for Primary Care Services and Chronic Disease Management (Finegold)

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 two years after the Division of Insurance promulgates final regulations implementing the telehealth provisions of chapter 260 of the acts of 2020 or December 31, 2024, 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 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 EHS 544 Telehealth Digital Navigator Program (Cronin)

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 EHS 570 HIV Prevention and PrEP Access (Cyr)

While there have been some favorable developments in preventing the spread of HIV, the infection rate among young people continues to rise, and the uptake of pre-exposure prophylaxis (PrEP) as preventive treatment has been low. PrEP is a prescription medication that, when taken daily, is a highly effective HIV prevention tool. In May of 2018, the U.S. Food and Drug Administration (FDA) approved Truvada as PrEP for adolescents, creating therein an opportunity to increase access to HIV preventive treatment for a group with a disproportionately high risk of infection. Massachusetts General Laws currently permit minors to consent to healthcare for many stigmatized services, including testing and treatment of sexually transmitted infections and HIV, but not prevention services such as PrEP and post-exposure prophylaxis (PEP). We support this amendment insofar as it adds prevention services to the healthcare that minors may consent to without parental permission, removing a significant barrier to critical care.

Amendment EHS 388 Provider Access (Friedman)

The MMS believes abortion is an essential medical component in the continuum of reproductive health care and should be safely accessible to all, regardless of where you live. As such, the MMS supports proposed protections for providers of reproductive health services who may face undue liability for providing constitutionally and statutorily protected, medically necessary health care in the Commonwealth.

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

- **Amendment EHS 432, Massachusetts Tobacco Cessation and Prevention Program (Keenan)** This amendment would increase funding for the Department of Public Health Tobacco Cessation and Prevention Program.
- **Amendment GOV 142, Medication Assisted Treatment (Cyr)** This amendment would increase funding for the MAT program from \$15,000,000 to \$22,627,799.
- **Amendment EHS 554, Maternal and Infant Mortality Review (Lovely)** This amendment 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 EHS 485, MassHealth Doula Reimbursement (Lovely)** This amendment would provide funds to create doula workforce development programs in furtherance of coverage of doula services by MassHealth and with the goal of eliminating the financial barriers for participating doulas, including but not limited to doula trainings, recruitment, and the development of required doula competencies. Doula's are 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.

Thank you for your attention to these comments. We are happy to connect at your convenience to discuss further or to 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 Senate Committee on Ways & Means