MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

May 18, 2021

The Honorable Karen Spilka
President of the Senate
State House, Room 332
Boston, MA 02133

Dear Madam President:

Thank you for your efforts to produce S.3, the FY'22 Senate budget proposal. The Massachusetts Medical Society appreciates the attention to the health care needs and safety of our state's most vulnerable populations, especially during the economic and social challenges presented by COVID-19.

As a top priority, the MMS supports:

Amendment #565
Glidepath for Telehealth Reimbursement Parity (Gomez)

This amendment would require reimbursement parity for telehealth services to remain in effect for 180 days after the end of the COVID-19 state of emergency, up from 90 days as directed by Chapter 260 of the Acts of 2020.

The physician community already had serious concerns about the adequacy of a 90-day timeframe to address a significant shift in reimbursement policy. Given the Governor's recent announcement that the state of emergency will be lifted on 6/15, we believe an additional 90 days is essential to support as smooth a transition as possible. Since the onset of the COVID-19 pandemic, physician offices have undergone a massive transformation to redesign care delivery, working to develop protocols and stand-up systems, workflows, and staffing for telehealth services. These changes took a significant amount of time and resources through complex coordination between revenue, contracting, and finance teams. Expiration of the parity requirements before DOI has time to promulgate regulations will not allow sufficient time for physicians, health systems, and payers to then incorporate the new framework into their clinical, billing, and payment systems and this will create massive uncertainty for physicians and patients and be potentially disruptive to patient access to care. An additional 90 days is critical to give all stakeholders enough time to respond to forthcoming changes in medical coverage, adjust workflow and scheduling of patients, and respond to other administrative changes (e.g. billing), as well as prepare patient communications about the continued ability to access services through telehealth in the long-term.

The Medical Society also wishes to be recorded in support of the following:

Amendment #561
Chronic Disease Management (Gomez)

This amendment would change the currently narrow definition of "chronic disease management" in Chapter 260 of the Acts of 2020, for the purposes of reimbursement for telehealth services, to one which defines chronic disease management as "care and services for the management of chronic conditions that last one year or more and require

860 WINTER STREET
WALTHAM, MA 02451-1411
TEL (781) 893-4610
TOLL-FREE (800) 322-2303
FAX (781) 893-9136
WWW.MASSMED.ORG

ongoing medical attention or limit activities of daily living or both. Chronic disease management shall also include care for COVID-19 and its long-term symptoms."

The definition proposed by Amendment #561 is consistent with that which is utilized by the Centers for Disease Control and Prevention (CDC). The value of this approach is to eliminate the need for specific diagnosis and instead to focus on conditions that can be controlled, but not cured. Utilization of the CDC definition will ensure that the state's implementation of telehealth includes relevant and critical space to remain aligned with evolving medical evidence and precludes the need to pre-establish a list of conditions.

Amendment #564
Physician Interstate Licensure Study (Gomez)

This amendment would require EOHHS to establish a Task Force on an interstate medical licensure compact and licensure reciprocity. The Task Force would be charged with conducting an analysis and reporting on its evaluation of the Commonwealth's options to facilitate appropriate interstate medical practice and the practice of telemedicine including the potential entry into an interstate medical licensure compact or other reciprocity agreement.

The issue of a physician interstate licensure compact is an important but complicated initiative that would impact many aspects of physician practice in Massachusetts, especially in these times of increased utilization of telehealth. As the legislature has taken important steps to facilitate telemedicine access for patients within Massachusetts, questions have arisen about how Massachusetts physicians can provide care when their patients have crossed a state border. Careful consideration must be given to the existing physician workforce, the ability of physicians to provide follow-up care across state lines, including via telehealth, an analysis of registration models for providers who may provide care for patients via telehealth with the provider located in one state and the patient located in another state, provider responsibilities for registration and reporting to state professional licensure boards, the impact on health care quality, cost and access, barriers and solutions regarding prescribing across state lines, and the feasibility of a regional reciprocity agreement and interstate proxy credentialing, among other considerations.

Currently the MMS has no position on the physician interstate licensure compact which is often cited as a leading solution to interstate licensure and medical practice issues, but MMS has created a Task Force to conduct a similar analysis to what is being proposed in Amendment #564. We look forward to the passage of this amendment and contributing to the research and analysis as a member of the Task Force.

Amendment #480
Massachusetts Consultation Service for the Treatment of Addiction and Pain (Cyr)

This amendment would require expending not less than $750,000 to maintain and expand the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) 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.

As opioid overdose deaths continue to climb in Massachusetts and nationally, the MMS believes the continuance of this program is critical to the state's abilities to best save lives and provide optimal treatment to persons living with pain and/or with substance use disorder.

MCSTAP is an essential tool in enabling primary care physicians to provide the best possible clinical care to their patients. It helps foster the value of existing patient-physician relationships by allowing more primary care physicians to retain the care of their patients without specialist referral by having the support of a consulting physician through the MCSTAP program. As with other "MCPAP" like programs, this model allows for more intensive initial education and coaching, and then a support system for exceptional or new cases after a physician has increased their competencies. MCSTAP is the right model to continue this valuable assistance, and to continue to scale up to more physicians and other health care providers across the state.

We thank you for your consideration of the MMS' positions. We would be happy to answer any questions you or your staff might have on the above amendments.

Sincerely,

Carole E. Allen, MD, MBA, FAAP