MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

TESTIMONY IN SUPPORT OF H.1130/S.763
AN ACT RELATIVE TO TELEHEALTH AND DIGITAL EQUITY FOR PATIENTS
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
October 14, 2025

The Massachusetts Medical Society (MMS) is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. We write in support of H.1130/S.763, An Act Relative to Telehealth and Digital Equity for Patients.

The dramatic increase in telehealth utilization prompted by the COVID-19 pandemic underscored the vital role telehealth plays in providing continuity of care and improving equitable access to health care by helping patients overcome traditional barriers to in-person care. Data from the Health Policy Commission (HPC) shows that telehealth has maintained and improved access to care while not increasing overall system costs. The HPC's findings and policy recommendations align closely with this legislation, which builds upon the comprehensive framework laid out in Chapter 260 of the Acts of 2020 to promote equitable telehealth access for all patients.

This legislation's removal of sunset dates for telehealth reimbursement parity is essential to sustaining telehealth as a viable care model. This provision is essential to supporting physicians' ability to continue offering care via telehealth. The requirement for payment parity for primary care and chronic disease management services delivered via telehealth expired at the end of 2022, creating inconsistency across payors. While some payors continue to reimburse telehealth services at parity—a policy MMS applauds—other major insurers have reduced reimbursement, creating confusion and instability for providers and patients. A predictable, consistent reimbursement framework is critical to ensuring long-term provider investment in telehealth infrastructure and continued patient access to care. This is especially critical to facilitate improved access to primary care services. Given the significant chilling effect current federal immigration enforcement policies are having on access to care for immigrant populations, it is more critical than ever for patients to be able to access care remotely to remove barriers where they might otherwise avoid care out of fear.

MassHealth continues to be a leader in telehealth, setting a standard of broad coverage and payment parity across the board — policies that have enabled providers to invest in telehealth and virtual care. This policy reflects the clinician experience of telehealth utilization and the impact on patient access to care. Making this policy permanent, as proposed in this legislation, is both fair and necessary. Patients receive the same high-quality care regardless of the modality, and physician practices continue to face substantial practice costs, including labor, rent, and equipment, whether a visit is virtual or in-person.

The legislature recognized the importance of promoting access to behavioral health services via telehealth by requiring parity in reimbursement for said services. We urge its extension to all clinically appropriate services, including those delivered through synchronous technologies, whether they be interactive audio/visual or audio-only technologies. Telehealth has been particularly critical to improving access to specialty services in regions like the Cape Cod and Western Massachusetts, where access to such care is severely limited. Reduced reimbursement for specialty services risks reversing these gains and further limiting access geographically underserved regions.

The Medical Society strongly cautions against differentiating reimbursement based on the specific technology used (audio-visual vs. audio-only). Instead, distinctions should focus on the type of interaction (synchronous versus asynchronous), the medical complexity and professional judgment required, the overall time spent with the patient, and the services provided. Audio-only telehealth visits often require the same expertise, documentation, and follow-up as in-person or video visits, and therefore should be compensated similarly. Creating reimbursement distinctions based on technology risks embedding racial inequities and discrimination into our payment system. Patients who are elderly, disabled, low-income, or from communities of color —many of whom lack internet access or electronic devices—would be disproportionately harmed. We must not allow digital inequities to become new social determinants of health.

At its core, this legislation advances the shared goals of equity and access. It reflects both the Medical Society's priorities and the HPC's policy recommendations by focusing on vulnerable populations and reducing barriers to care. Importantly, this legislation directs the HPC to establish a Digital Bridge Pilot Program and a Digital Health Navigator Tech Literacy Pilot Program, which will expand broadband access, improve connectivity, and promote patient technological literacy. Equally important, this legislation requires insurers to cover interpreter services for patients with limited English proficiency and for those who are deaf or hard of hearing With increased utilization of telehealth comes the opportunity to reduce racial, socio-economic, and other inequities in access to care and health outcomes, but only if we are intentional about building policies that identify and address barriers to accessing care via telehealth for communities that have historically faced traditional barriers to in-person care.

The MMS also strongly supports the bill's prohibition on prior authorization requirements for medically necessary telehealth visits when such requirements do not exist for in-person care. Whether a service can be delivered via telehealth should be a clinical determination, guided by professional judgment and the standard of care. Excessive utilization management practices can create unnecessary barriers to patient care. The HPC and the American Medical Association have documented that the prior authorization process continues to have a negative effect on patient outcomes, physician burnout, and practice sustainability. In addition to negatively impacting care delivery and frustrating physicians, prior authorization also leads to unnecessary spending (e.g., additional office visits, unanticipated hospital stays, and patients regularly paying out-of-pocket for care). Reasonable limits on prior authorization are essential to ensure that telehealth improves its promise of improving, not restricting, access. For these reasons, the Medical Society strongly urges a favorable report of H.1130/S.763. Thank you very much for

your consideration of these important issues. We appreciate the opportunity to offer these comments.