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For Immediate Release

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Rep. Kane supports bill expanding telehealth options

BOSTON – State Representative Hannah Kane (R-Shrewsbury) supported health care legislation that will provide Massachusetts residents with increased access to telehealth services during the COVID-19 global pandemic.

House Bill 4888, *An Act to promote resilience in our health care system*, was engrossed by the House of Representatives on July 29 by a vote of 158-0, following two days of debate. The Senate previously passed its own version of the bill (Senate Bill 2796) on June 25.

Representative Kane said the House bill requires both public and private insurers to treat telehealth services in the same manner as in-person doctor visits, with deductibles, co-payments and co-insurance requirements not allowed to exceed the in-person rate. She said these rate parity protections are needed as more residents turn to telehealth as a safer option to help minimize their exposure to the 2019 novel coronavirus.

According to a July 24 Commonwealth Magazine article, 13 percent of medical claims filed nationally in April of 2020 were for telehealth, compared to less than 1 percent in April of 2019. The article also noted that Blue Cross Blue Shield of Massachusetts has processed 2.6 million telehealth claims since March 15.

Representative Kane said House Bill 4888 will keep rate parity between in-network telehealth services and in-person services in place until July 31, 2021. The bill also establishes a temporary out-of-network rate for emergency services, and prohibits cost-sharing requirements for all emergency and inpatient services related to COVID-19 delivered by in-network and out-of-network providers during the same time period.

Representative Kane filed and secured two amendments to H4888. Amendment #3, Increasing Access to Cancer Clinical Trials, would work to increase enrollment, retention, and minority participation in cancer clinical trials. It would also eliminate financial barriers to participation by informing trial subjects – as well as family, friends and chaperones who accompany them – of their eligibility to be reimbursed for travel expenses and other ancillary costs through government entities, study sponsors, public and private foundations, corporations and individuals. Amendment #71, titled Rare Disease Advisory Council, would establish a rare disease advisory council in the Commonwealth, which would be a powerful tool in creating a comprehensive rare disease network and bolstering education and attention to the cumulative mass and prevalence of rare diseases. The mission of the Council would be to advise the Governor, General Court, and Department of Public Health on the incidence and status of rare disease in Massachusetts. Both amendments are based in legislation Representative Kane filed this session.

House Bill 4888 also provides permanent rate parity protections for individuals receiving behavioral health services. These services include the diagnosis, treatment and management of patients with mental health or substance use disorders.

In addition, House Bill 4888 includes language:

- directing the Health Policy Commission, in consultation with the Center for Health Information and Analysis, to file a report by December 31, 2022 on telehealth service use in Massachusetts and its effects on health care access and system costs;
- prohibiting MassHealth and its contracted carriers from requiring prior authorization for patients to receive services at an urgent care facility;
- requiring MassHealth to pay nursing facilities for a 20-day bed hold for any enrollee who is admitted to a hospital for treatment of the 2019 novel coronavirus;
- allowing nurse practitioners and psychiatric nurse mental health clinical specialists to prescribe certain controlled substances; and
- requiring the assistant secretary for MassHealth to provide testimony at the annual Health Policy Commission Cost Trends hearing regarding programs administered by MassHealth and its efforts to redesign these programs to encourage the development of more integrated and efficient health care delivery services.

Several amendments to the bill were adopted during floor debate, including proposals to:

- add inpatient services and cognitive rehabilitation services to the list of services related to the 2019 novel coronavirus that insurers must provide coverage for, through both in-network and out-of-network providers;
- allow for greater physician discretion in issuing prescriptions and refills to patients via telehealth without requiring an in-person visit;
- expand the requirement for providers to offer coverage for all emergency and inpatient services related to COVID-19 to include all medically necessary outpatient testing, including testing of asymptomatic individuals;
- establish an advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) and pediatric acute neuropsychiatric syndrome (PANS) within the Department of Public Health (DPH);
- prohibit acute care hospitals from discontinuing any essential health service while the COVID-19 State of Emergency remains in effect;
- require the Executive Office of Health and Human Services (EOHHS) to study the feasibility and cost of converting multiple occupancy bedrooms into single occupancy bedrooms within long-term care facilities to comply with infection control standards and to provide private isolation space for residents to protect against the spread of contagious diseases;
- expand telehealth access to services while a patient is located in their place of residence as well as any additional originating sites of care as recommended by the HPC, and require the HPC to issue recommendations on telehealth services, which shall be promulgated via regulations by the Division of Insurance and Division of Medical Assistance;
- direct the House of Representatives' Commonwealth Resilience and Recovery Special Committee to hold a hearing to determine the available supplies of personal protective equipment (PPE) for acute care hospitals and other entities, and to determine anticipated demand for PPE;

- require EOHHS to establish an online PPE exchange for health care and elder care providers;
- allow accountable care organizations (ACOs) to provide health care services and determine which providers of health care services and free-standing ancillary services shall be approved to provide services to patients of ACOs; and
- require general acute care hospitals, acute care specialty hospitals, and other facilities to establish and develop a health care workforce care planning committee, which will be responsible for developing and implementing a comprehensive care team plan that must be submitted annually to DPH and the Health Policy Commission as a condition of licensure.

The House and the Senate will now try to reconcile the differences between the two bills by appointing a conference committee.

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