

HOUSE No. 5017

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1130) of Marjorie C. Decker and others relative to telehealth and digital equity for patients, reports recommending that the accompanying bill (House, No. 5017) ought to pass.

For the committee,

JAMES M. MURPHY.

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**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to telehealth and digital equity for patients.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 18AA of chapter 6A of the General Laws, as appearing in the 2022
2 Official Edition, is hereby further amended by inserting after the word “benefits” the last time it
3 appears the following:

4 The executive office of health and human services and the executive office of housing
5 and economic development shall determine a method for the common application portal to also
6 allow individuals to simultaneously apply to affordable broadband programs offered by
7 telecommunications providers.

8 SECTION 2. Section 30 of chapter 32A of the General Laws, as so appearing, is hereby
9 amended by inserting after the definition of “behavioral health services, the following:

10 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
11 shared electronic health record (EHR) or web-based platform that are intended to improve access
12 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
13 on a specific question. E-consults are inclusive of the consult generated from one provider or

14 other qualified health professional to another, and of communications before/after consultation
15 back to the member and/or the member’s caregiver.

16 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
17 HIPAA-compliant secure platform or patient portal including online digital evaluation and
18 management services. Such communications involve clinical decision-making comparable to
19 what would occur in an in-office visits.

20 “Remote patient monitoring services”, personal health and medical data collection,
21 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
22 a provider in a different location and is used primarily for the management, treatment, care and
23 related support of ongoing health conditions via regular information inputs from members and
24 member guidance outputs from healthcare providers, including the remote monitoring of a
25 patient’s vital signs, biometric data, or other objective or subjective data by a device that
26 transmits such data electronically to a healthcare practitioner.

27 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
28 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
29 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
30 treatment response utilizing a connected electronic medical device.

31 SECTION 3. Subsection (b) of section 30 of chapter 32A of the General Laws, as
32 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
33 the word “providers.” the following:

34 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
35 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
36 services and devices.

37 SECTION 4. Section 30 of chapter 32A of the General Laws, as so appearing, is hereby
38 amended by striking out subsection (c) and inserting in place thereof the following:

39 (c) Coverage for telehealth services may include utilization review; provided, however,
40 that any utilization review shall be made in the same manner as if the service was delivered in
41 person. Carriers shall not impose any prior authorization requirements to obtain medically
42 necessary health services via telehealth that would not apply to the receipt of those same services
43 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a
44 health care service that is not a covered benefit under the plan or reimburse a health care
45 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of
46 the second sentence of subsection (a) of section 6 of chapter 176O.

47 SECTION 5. Section 30 of chapter 32A of the General Laws, as appearing in the 2022
48 Official Edition, is hereby amended by adding at the end thereof the following subsections:

49 (i) Coverage for telehealth services shall include reimbursement for interpreter services
50 for patients with limited English proficiency or those who are deaf or hard of hearing.

51 (j) Carriers providing coverage to an active or retired employee of the commonwealth
52 insured under the group insurance commission shall develop and maintain procedures to identify
53 and offer digital health education to enrollees with low digital health literacy to assist them with
54 accessing any medical necessary covered telehealth benefits. These procedures shall include a
55 digital health literacy screening program or other similar procedure to identify current enrollees

56 with low digital health literacy and a digital health education program to educate insured
57 members regarding the effective use of telehealth technology including but not limited to
58 distributing educational materials about how to access certain telehealth technologies in multiple
59 languages, including sign language, and in alternative formats; holding digital health literacy
60 workshops; integrating digital health coaching; offering enrollees in-person digital health
61 navigators; and partnering with local libraries and/or community centers that offer digital health
62 education services and supports.

63 (k) Carriers providing coverage to an active or retired employee of the commonwealth
64 insured under the group insurance commission shall make information available to the
65 commission regarding the procedures that they have implemented under subsection (j) including
66 but not limited to statistics on the number of enrollees identified with low digital health literacy
67 and receiving digital health education, manner(s) or method of digital health literacy screening
68 and digital health education, financial impact of the programs, and evaluations of effectiveness
69 of digital health literacy interventions.

70 (l) Carriers providing coverage to an active or retired employee of the commonwealth
71 insured under the group insurance commission shall not prohibit a physician licensed pursuant to
72 chapter 112 or otherwise authorized to provide healthcare services who is providing healthcare
73 services to a patient who is physically located in Massachusetts at the time the healthcare
74 services are provided via telehealth from providing such services from any location within
75 Massachusetts or outside Massachusetts; provided, that the location from which the physician
76 provides services does not compromise patient confidentiality and privacy and the location from
77 which the physician provides the services does not exceed restrictions placed on the physician's
78 specific license, including but not limited to, restrictions set by the hospital, institution, clinic or

79 program in which a physician licensed pursuant to section 9 of chapter 112 of the General Laws
80 has been appointed.

81 SECTION 6. Subsection (a) of section 79 of chapter 118E of the General Laws, as so
82 appearing, is hereby amended by inserting after the definition of “behavioral health services” the
83 following:

84 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
85 shared electronic health record (EHR) or web-based platform that are intended to improve access
86 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
87 on a specific question. E-consults are inclusive of the consult generated from one provider or
88 other qualified health professional to another, and of communications before/after consultation
89 back to the member and/or the member’s caregiver.

90 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
91 HIPAA-compliant secure platform or patient portal including online digital evaluation and
92 management services. Such communications involve clinical decision-making comparable to
93 what would occur in an in-office visits. “Remote patient monitoring services”, personal health
94 and medical data collection, transmission, retrieval, or messaging from a member in one
95 location, which is then transmitted to a provider in a different location and is used primarily for
96 the management, treatment, care and related support of ongoing health conditions via regular
97 information inputs from members and member guidance outputs from healthcare providers,
98 including the remote monitoring of a patient’s vital signs, biometric data, or other objective or
99 subjective data by a device that transmits such data electronically to a healthcare practitioner.

100 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
101 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
102 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
103 treatment response utilizing a connected electronic medical device.

104 SECTION 7. Subsection (b) of section 79 of chapter 118E of the General Laws, as
105 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
106 the word “providers.” the following:

107 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
108 e-visits, remote patient monitoring services and devices including but not limited to treatment for
109 i) congenital heart diseases, ii) pulmonary conditions and lung diseases, iii) enteral nutrition and
110 feeding needs, iv) failure to thrive and gain weight, and v) gastrointestinal conditions and remote
111 therapeutic monitoring services, devices and associated professional care.

112 SECTION 8. Section 79 of Chapter 118E of the General Laws, as so appearing, is hereby
113 amended by striking subsection (c) and inserting in place thereof the following:

114 (c) The division, a contracted health insurer, health plan, health maintenance
115 organization, behavioral health management firm or third-party administrators under contract to
116 a Medicaid managed care organization or primary care clinician plan shall not impose any
117 utilization management requirements, including but not limited to, prior authorization
118 requirements to obtain medically necessary health services via telehealth that would not apply to
119 the receipt of those same services on an in-person basis. The division, a contracted health insurer,
120 health plan, health maintenance organization, behavioral health management firm or third-party
121 administrator under contract to a Medicaid managed care organization or primary care clinician

122 plan shall not be required to reimburse a health care provider for a health care service that is not
123 a covered benefit under the plan or reimburse a health care provider not contracted under the
124 plan except as provided for under subclause (i) of clause (4) of the second sentence of subsection
125 (a) of section 6 of chapter 176O.

126 SECTION 9. Section 79 of Chapter 118E of the General Laws, as appearing in the 2022
127 Official Edition, is hereby amended by inserting at the end thereof the following subsections:

128 (i) The division and its contracted health insurers, health plans, health maintenance
129 organizations, behavioral health management firms and third-party administrators under contract
130 to a Medicaid managed care organization, accountable care organization or primary care
131 clinician plan shall include in its coverage for reimbursement for interpreter services for patients
132 with limited English proficiency or those who are deaf or hard of hearing in its coverage for
133 telehealth services.

134 (j) The division and its contracted health insurers, health plans, health maintenance
135 organizations, behavioral health management firms and third-party administrators under contract
136 to a Medicaid managed care organization, accountable care organization or primary care
137 clinician plan shall develop and maintain procedures to identify and offer digital health education
138 to members with low digital health literacy to assist them with accessing any medical necessary
139 covered telehealth benefits. These procedures shall include a digital health literacy screening
140 program or other similar procedure to identify new and current members with low digital health
141 literacy and a digital health education program to educate insured members regarding the
142 effective use of telehealth technology including but not limited to distributing educational
143 materials about how to access certain telehealth technologies in multiple languages, including

144 sign language, and in alternative formats; holding digital health literacy workshops; integrating
145 digital health coaching; offering enrollees in-person digital health navigators; and partnering
146 with local libraries and/or community centers that offer digital health education services and
147 supports.

148 (k) The division and its contracted health insurers, health plans, health maintenance
149 organizations, behavioral health management firms and third-party administrators under contract
150 to a Medicaid managed care organization, accountable care organization or primary care
151 clinician plan shall publish information annually regarding the procedures that they have
152 implemented under subsection (j) including but not limited to statistics on the number of
153 members identified with low digital health literacy and receiving digital health education,
154 manner(s) or method of digital health literacy screening and digital health education, financial
155 impact of the programs, and evaluations of effectiveness of digital health literacy interventions.

156 (l) The division and its contracted health insurers, health plans, health maintenance
157 organizations, behavioral health management firms and third-party administrators under contract
158 to a Medicaid managed care organization, accountable care organization or primary care
159 clinician plan providing coverage to an active or retired employee of the commonwealth insured
160 under the group insurance commission shall not prohibit a physician licensed pursuant to chapter
161 112 or otherwise authorized to provide healthcare services who is providing healthcare services
162 to a patient who is physically located in Massachusetts at the time the healthcare services are
163 provided via telehealth from providing such services from any location within Massachusetts or
164 outside Massachusetts; provided, that the location from which the physician provides services
165 does not compromise patient confidentiality and privacy and the location from which the
166 physician provides the services does not exceed restrictions placed on the physician's specific

167 license, including but not limited to, restrictions set by the hospital, institution, clinic, or program
168 in which a physician licensed pursuant to section 9 of chapter 112 of the General Laws has been
169 appointed.

170 (m) The division and its contracted health insurers, health plans, health maintenance
171 organizations, behavioral health management firms and third-party administrators under contract
172 to a Medicaid managed care organization, accountable care organization or primary care
173 clinician plan shall not impose any prior authorization requirements to obtain medically
174 necessary remote patient monitoring services and devices or remote therapeutic monitoring
175 services or devices.

176 SECTION 10. Section 47MM of Chapter 175 of the General Laws, as so appearing, is
177 hereby amended by inserting after the definition of “behavioral health services, the following:

178 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
179 shared electronic health record (EHR) or web-based platform that are intended to improve access
180 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
181 on a specific question. E-consults are inclusive of the consult generated from one provider or
182 other qualified health professional to another, and of communications before/after consultation
183 back to the member and/or the member’s caregiver.

184 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
185 HIPAA-compliant secure platform or patient portal including online digital evaluation and
186 management services. Such communications involve clinical decision-making comparable to
187 what would occur in an in-office visits.

188 “Remote patient monitoring services”, personal health and medical data collection,
189 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
190 a provider in a different location and is used primarily for the management, treatment, care and
191 related support of ongoing health conditions via regular information inputs from members and
192 member guidance outputs from healthcare providers, including the remote monitoring of a
193 patient’s vital signs, biometric data, or other objective or subjective data by a device that
194 transmits such data electronically to a healthcare practitioner.

195 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
196 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
197 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
198 treatment response utilizing a connected electronic medical device.

199 SECTION 11. Subsection (b) of section 47MM of chapter 175 of the General Laws, as
200 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
201 the word “providers.” the following:

202 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
203 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
204 services and devices.

205 SECTION 12. Section 47MM of chapter 175 of the General Laws, as so appearing, is
206 hereby amended by striking out subsection (c) and inserting place thereof the following:

207 (c) Coverage for telehealth services may include utilization review; provided, however,
208 that any utilization review shall be made in the same manner as if the service was delivered in
209 person. A policy, contract, agreement, plan or certificate of insurance issued, delivered or

210 renewed within or without the commonwealth shall not impose any prior authorization
211 requirements to obtain medically necessary health services via telehealth that would not apply to
212 the receipt of those same services on an in-person basis. A policy, contract, agreement, plan or
213 certificate of insurance issued, delivered or renewed within or without the commonwealth shall
214 not be required to reimburse a health care provider for a health care service that is not a covered
215 benefit under the plan or reimburse a health care provider not contracted under the plan except as
216 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section
217 6 of chapter 176O.

218 SECTION 13. Section 47MM of chapter 175 of the General Laws, as appearing in the
219 2022 Official Edition, is hereby further amended by adding at the end thereof the following
220 subsections:

221 (i) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
222 renewed within the commonwealth that provides coverage for telehealth services shall include
223 reimbursement for interpreter services for patients with limited English proficiency or those who
224 are deaf or hard of hearing.

225 (j) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
226 renewed within the commonwealth shall develop and maintain procedures to identify and offer
227 digital health education to subscribers with low digital health literacy to assist them with
228 accessing any medical necessary covered telehealth benefits. These procedures shall include a
229 digital health literacy screening program or other similar procedure to identify new and current
230 subscribers with low digital health literacy and a digital health education program to educate
231 insured subscribers regarding the effective use of telehealth technology including but not limited

232 to distributing educational materials about how to access certain telehealth technologies in
233 multiple languages, including sign language, and in alternative formats; holding digital health
234 literacy workshops; integrating digital health coaching; offering subscribers in-person digital
235 health navigators; and partnering with local libraries and/or community centers that offer digital
236 health education services and supports.

237 (k) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
238 renewed within the commonwealth shall publish information annually regarding the procedures
239 that they have implemented under subsection (j) including but not limited to statistics on the
240 number of subscribers identified with low digital health literacy and receiving digital health
241 education, manner(s) or method of digital health literacy screening and digital health education,
242 financial impact of the programs, and evaluations of effectiveness of digital health literacy
243 interventions.

244 (l) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
245 renewed within the commonwealth shall not prohibit a physician licensed pursuant to Chapter
246 112 or otherwise authorized to provide healthcare services who is providing healthcare services
247 to a patient who is physically located in Massachusetts at the time the healthcare services are
248 provided via telehealth from providing such services from any location within Massachusetts or
249 outside Massachusetts; provided, that the location from which the physician provides services
250 does not compromise patient confidentiality and privacy and the location from which the
251 physician provides the services does not exceed restrictions placed on the physician's specific
252 license, including but not limited to, restrictions set by the hospital, institution, clinic or program
253 in which a physician licensed pursuant to section 9 of Chapter 112 of the General Laws has been
254 appointed.

255 SECTION 14. Section 38 of Chapter 176A of the General Laws, as so appearing, is
256 hereby amended by inserting after the definition of “behavioral health services, the following:

257 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
258 shared electronic health record (EHR) or web-based platform that are intended to improve access
259 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
260 on a specific question. E-consults are inclusive of the consult generated from one provider or
261 other qualified health professional to another, and of communications before/after consultation
262 back to the member and/or the member’s caregiver.

263 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
264 HIPAA-compliant secure platform or patient portal including online digital evaluation and
265 management services. Such communications involve clinical decision-making comparable to
266 what would occur in an in-office visits.

267 “Remote patient monitoring services”, personal health and medical data collection,
268 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
269 a provider in a different location and is used primarily for the management, treatment, care and
270 related support of ongoing health conditions via regular information inputs from members and
271 member guidance outputs from healthcare providers, including the remote monitoring of a
272 patient’s vital signs, biometric data, or other objective or subjective data by a device that
273 transmits such data electronically to a healthcare practitioner.

274 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
275 physiologic data to a healthcare provider related to a therapeutic treatment including, but not

276 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
277 treatment response utilizing a connected electronic medical device.

278 SECTION 15. Subsection (b) of section 38 of chapter 176A of the General Laws, as
279 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
280 the word “providers.” the following:

281 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
282 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
283 services and devices.

284 SECTION 16. Section 38 of chapter 176A of the General Laws, as so appearing, is
285 hereby further amended by striking subsection (c) and inserting in place thereof the following:

286 (c) Coverage for telehealth services may include utilization review; provided, however,
287 that any utilization review shall be made in the same manner as if the service was delivered in
288 person. A carrier shall not impose any prior authorization requirements to obtain medically
289 necessary health services via telehealth that would not apply to the receipt of those same services
290 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a
291 health care service that is not a covered benefit under the plan or reimburse a health care
292 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of
293 the second sentence of subsection (a) of section 6 of chapter 176O.

294 SECTION 17. Section 38 of chapter 176A of the General Laws, as appearing in the 2022
295 Official Edition, is hereby amended by adding at the end thereof the following subsections:

296 (i) Coverage for telehealth services shall include reimbursement for interpreter services
297 for patients with limited English proficiency or those who are deaf or hard of hearing.

298 (j) Hospital service corporations shall develop and maintain procedures to identify and
299 offer digital health education to subscribers with low digital health literacy to assist them with
300 accessing any medical necessary covered telehealth benefits. These procedures shall include a
301 digital health literacy screening program or other similar procedure to identify new and current
302 subscribers with low digital health literacy and a digital health education program to educate
303 insured subscribers regarding the effective use of telehealth technology including but not limited
304 to distributing educational materials about how to access certain telehealth technologies in
305 multiple languages, including sign language, and in alternative formats; holding digital health
306 literacy workshops; integrating digital health coaching; offering subscribers in-person digital
307 health navigators; and partnering with local libraries and/or community centers that offer digital
308 health education services and supports.

309 (k) Hospital service corporations shall publish information annually regarding the
310 procedures that they have implemented under subsection (j) including but not limited to statistics
311 on the number of subscribers identified with low digital health literacy and receiving digital
312 health education, manner(s) or method of digital health literacy screening and digital health
313 education, financial impact of the programs, and evaluations of effectiveness of digital health
314 literacy interventions.

315 (l) Hospital service corporations providing coverage under this section shall not prohibit a
316 physician licensed pursuant to chapter 112 or otherwise authorized to provide healthcare services
317 who is providing healthcare services to a patient who is physically located in Massachusetts at

318 the time the healthcare services are provided via telehealth from providing such services from
319 any location within Massachusetts or outside Massachusetts; provided, that the location from
320 which the physician provides services does not compromise patient confidentiality and privacy
321 and the location from which the physician provides the services does not exceed restrictions
322 placed on the physician’s specific license, including but not limited to, restrictions set by the
323 hospital, institution, clinic or program in which a physician licensed pursuant to section 9 of
324 chapter 112 of the General Laws has been appointed.

325 SECTION 18. Section 25 of chapter 176B of the General Laws, as so appearing, is
326 hereby amended by inserting after the definition of “behavioral health services, the following:

327 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
328 shared electronic health record (EHR) or web-based platform that are intended to improve access
329 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
330 on a specific question. E-consults are inclusive of the consult generated from one provider or
331 other qualified health professional to another, and of communications before/after consultation
332 back to the member and/or the member’s caregiver.

333 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
334 HIPAA-compliant secure platform or patient portal including online digital evaluation and
335 management services. Such communications involve clinical decision-making comparable to
336 what would occur in an in-office visits.

337 “Remote patient monitoring services”, personal health and medical data collection,
338 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
339 a provider in a different location and is used primarily for the management, treatment, care and

340 related support of ongoing health conditions via regular information inputs from members and
341 member guidance outputs from healthcare providers, including the remote monitoring of a
342 patient’s vital signs, biometric data, or other objective or subjective data by a device that
343 transmits such data electronically to a healthcare practitioner.

344 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
345 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
346 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
347 treatment response utilizing a connected electronic medical device.

348 SECTION 19. Subsection (b) of section 25 of chapter 176A of the General Laws, as
349 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
350 the word “providers.” the following:

351 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
352 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
353 services and devices.

354 SECTION 20. Section 25 of chapter 176B of the General Laws, as so appearing, is
355 hereby further amended by striking subsection (c) and inserting in place thereof the following:

356 (c) Coverage for telehealth services may include utilization review; provided, however,
357 that any utilization review shall be made in the same manner as if the service was delivered in
358 person. A carrier shall not impose any prior authorization requirements to obtain medically
359 necessary health services via telehealth that would not apply to the receipt of those same services
360 on an in-person basis. A carrier shall not be required to reimburse a health care provider for a
361 health care service that is not a covered benefit under the plan or reimburse a health care

362 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of
363 the second sentence of subsection (a) of section 6 of chapter 176O.

364 SECTION 21. Section 25 of chapter 176B of the General Laws, as appearing in the 2022
365 Official Edition, is hereby amended by adding at the end thereof the following subsections:

366 (i) A contract that provides coverage for telehealth services shall include reimbursement
367 for interpreter services for patients with limited English proficiency or those who are deaf or
368 hard of hearing who require interpreter services.

369 (j) Medical service corporations shall develop and maintain procedures to identify and
370 offer digital health education to subscribers with low digital health literacy to assist them with
371 accessing any medical necessary covered telehealth benefits. These procedures shall include a
372 digital health literacy screening program or other similar procedure to identify new and current
373 subscribers with low digital health literacy and a digital health education program to educate
374 insured subscribers regarding the effective use of telehealth technology including but not limited
375 to distributing educational materials about how to access certain telehealth technologies in
376 multiple languages, including sign language, and in alternative formats; holding digital health
377 literacy workshops; integrating digital health coaching; offering subscribers in-person digital
378 health navigators; and partnering with local libraries and/or community centers that offer digital
379 health education services and supports.

380 (k) Medical service corporations shall publish information annually regarding the
381 procedures that they have implemented under subsection (j) including but not limited to statistics
382 on the number of subscribers identified with low digital health literacy and receiving digital
383 health education, manner(s) or method of digital health literacy screening and digital health

384 education, financial impact of the programs, and evaluations of effectiveness of digital health
385 literacy interventions.

386 (l) Medical service corporations providing coverage under this section shall not prohibit a
387 physician licensed pursuant to chapter 112 or otherwise authorized to provide healthcare services
388 who is providing healthcare services to a patient who is physically located in Massachusetts at
389 the time the healthcare services are provided via telehealth from providing such services from
390 any location within Massachusetts or outside Massachusetts; provided, that the location from
391 which the physician provides services does not compromise patient confidentiality and privacy
392 and the location from which the physician provides the services does not exceed restrictions
393 placed on the physician’s specific license, including but not limited to, restrictions set by the
394 hospital, institution, clinic or program in which a physician licensed pursuant to section 9 of
395 chapter 112 of the General Laws has been appointed.

396 SECTION 22. Section 33 of chapter 176G of the General Laws, as so appearing, is
397 hereby amended by inserting after the definition of “behavioral health services, the following:

398 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
399 shared electronic health record (EHR) or web-based platform that are intended to improve access
400 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
401 on a specific question. E-consults are inclusive of the consult generated from one provider or
402 other qualified health professional to another, and of communications before/after consultation
403 back to the member and/or the member’s caregiver.

404 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
405 HIPAA-compliant secure platform or patient portal including online digital evaluation and

406 management services. Such communications involve clinical decision-making comparable to
407 what would occur in an in-office visits.

408 “Remote patient monitoring services”, personal health and medical data collection,
409 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
410 a provider in a different location and is used primarily for the management, treatment, care and
411 related support of ongoing health conditions via regular information inputs from members and
412 member guidance outputs from healthcare providers, including the remote monitoring of a
413 patient’s vital signs, biometric data, or other objective or subjective data by a device that
414 transmits such data electronically to a healthcare practitioner.

415 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
416 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
417 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
418 treatment response utilizing a connected electronic medical device.

419 SECTION 23. Subsection (b) of section 33 of chapter 176G of the General Laws, as
420 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
421 the word “providers.” the following:

422 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
423 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
424 services and devices.

425 SECTION 24. Section 33 of chapter 176G of the General Laws, as so appearing, is
426 hereby further amended by striking subsection (c) and inserting in place thereof the following:

427 (c) Coverage for telehealth services may include utilization review; provided, however,
428 that any utilization review shall be made in the same manner as if the service was delivered in
429 person. A health maintenance organization shall not impose any prior authorization requirements
430 to obtain medically necessary health services via telehealth that would not apply to the receipt of
431 those same services on an in-person basis. A health maintenance organization shall not be
432 required to reimburse a health care provider for a health care service that is not a covered benefit
433 under the plan or reimburse a health care provider not contracted under the plan except as
434 provided for under subclause (i) of clause (4) of the second sentence of subsection (a) of section
435 6 of chapter 176O.

436 SECTION 25. Section 33 of chapter 176G of the General Laws, as appearing in the 2022
437 Official Edition, is hereby amended by adding at the end thereof the following subsection:

438 (i) A contract that provides coverage for telehealth services shall include reimbursement
439 for interpreter services for patients with limited English proficiency or those who are deaf or
440 hard of hearing.

441 (j) Health maintenance organizations shall develop and maintain procedures to identify
442 and offer digital health education to members with low digital health literacy to assist them with
443 accessing any medical necessary covered telehealth benefits. These procedures shall include a
444 digital health literacy screening program or other similar procedure to identify new and current
445 members with low digital health literacy and a digital health education program to educate
446 insured subscribers regarding the effective use of telehealth technology including but not limited
447 to distributing educational materials about how to access certain telehealth technologies in
448 multiple languages, including sign language, and in alternative formats; holding digital health

449 literacy workshops; integrating digital health coaching; offering subscribers in-person digital
450 health navigators; and partnering with local libraries and/or community centers that offer digital
451 health education services and supports.

452 (k) Health maintenance organizations shall publish information annually regarding the
453 procedures that they have implemented under subsection (j) including but not limited to statistics
454 on the number of subscribers identified with low digital health literacy and receiving digital
455 health education, manner(s) or method of digital health literacy screening and digital health
456 education, financial impact of the programs, and evaluations of effectiveness of digital health
457 literacy interventions.

458 (l) Health maintenance organizations providing coverage under this section shall not
459 prohibit a physician licensed pursuant to chapter 112 or otherwise authorized to provide
460 healthcare services who is providing healthcare services to a patient who is physically located in
461 Massachusetts at the time the healthcare services are provided via telehealth from providing such
462 services from any location within Massachusetts or outside Massachusetts; provided, that the
463 location from which the physician provides services does not compromise patient confidentiality
464 and privacy and the location from which the physician provides the services does not exceed
465 restrictions placed on the physician's specific license, including but not limited to, restrictions set
466 by the hospital, institution, clinic or program in which a physician licensed pursuant to section 9
467 of chapter 112 of the General Laws has been appointed.

468 SECTION 26. Section 13 of Chapter 176I of the General Laws, as so appearing, is hereby
469 amended by inserting after the definition of "behavioral health services, the following:

470 “E-consults”, asynchronous, consultative, provider-to-provider communications within a
471 shared electronic health record (EHR) or web-based platform that are intended to improve access
472 to specialty expertise for patients and providers without the need for a face-to-face visit, focused
473 on a specific question. E-consults are inclusive of the consult generated from one provider or
474 other qualified health professional to another, and of communications before/after consultation
475 back to the member and/or the member’s caregiver.

476 “E-Visits”, patient-initiated, non face-to-face digital communications conducted via a
477 HIPAA-compliant secure platform or patient portal including online digital evaluation and
478 management services. Such communications involve clinical decision-making comparable to
479 what would occur in an in-office visits.

480 “Remote patient monitoring services”, personal health and medical data collection,
481 transmission, retrieval, or messaging from a member in one location, which is then transmitted to
482 a provider in a different location and is used primarily for the management, treatment, care and
483 related support of ongoing health conditions via regular information inputs from members and
484 member guidance outputs from healthcare providers, including the remote monitoring of a
485 patient’s vital signs, biometric data, or other objective or subjective data by a device that
486 transmits such data electronically to a healthcare practitioner.

487 “Remote therapeutic monitoring services”, the collection, storage and transfer of non-
488 physiologic data to a healthcare provider related to a therapeutic treatment including, but not
489 limited to, data on a patient’s musculoskeletal or respiratory system, treatment adherence, and
490 treatment response utilizing a connected electronic medical device.

491 SECTION 27. Subsection (b) of section 13 of chapter 176I of the General Laws, as
492 appearing in the 2022 Official Edition, is hereby amended by inserting at the end thereof after
493 the word “providers.” the following:

494 Coverage for telehealth services shall include coverage and reimbursement for e-consults,
495 e-visits, remote patient monitoring services and devices, and remote therapeutic monitoring
496 services and devices.

497 SECTION 28. Section 13 of chapter 176I of the General Laws, as so appearing, is hereby
498 further amended by striking subsection (c) and inserting in place thereof the following:

499 (c) Coverage for telehealth services may include utilization review; provided, however,
500 that any utilization review shall be made in the same manner as if the service was delivered in
501 person. An organization shall not impose any prior authorization requirements to obtain
502 medically necessary health services via telehealth that would not apply to the receipt of those
503 same services on an in-person basis. An organization shall not be required to reimburse a health
504 care provider for a health care service that is not a covered benefit under the plan or reimburse a
505 health care provider not contracted under the plan except as provided for under subclause (i) of
506 clause (4) of the second sentence of subsection (a) of section 6 of chapter 176O.

507 SECTION 29. Section 13 of chapter 176I of the General Laws, as appearing in the 2022
508 Official Edition, is hereby amended by adding at the end thereof the following subsection:

509 (i) A preferred provider contract that provides coverage for telehealth services shall
510 include reimbursement for interpreter services for patients with limited English proficiency or
511 those who are deaf or hard of hearing.

512 (j) Organizations shall develop and maintain procedures to identify and offer digital
513 health education to covered persons with low digital health literacy to assist them with accessing
514 any medical necessary covered telehealth benefits. These procedures shall include a digital
515 health literacy screening program or other similar procedure to identify new and current covered
516 persons with low digital health literacy and a digital health education program to educate covered
517 persons regarding the effective use of telehealth technology including but not limited to
518 distributing educational materials about how to access certain telehealth technologies in multiple
519 languages, including sign language, and in alternative formats; holding digital health literacy
520 workshops; integrating digital health coaching; offering covered persons in-person digital health
521 navigators; and partnering with local libraries and/or community centers that offer digital health
522 education services and supports.

523 (k) Organizations shall publish information annually regarding the procedures that they
524 have implemented under subsection (j) including but not limited to statistics on the number of
525 covered persons identified with low digital health literacy and receiving digital health education,
526 manner(s) or method of digital health literacy screening and digital health education, financial
527 impact of the programs, and evaluations of effectiveness of digital health literacy interventions.

528 (l) Organizations providing coverage under this section shall not prohibit a physician
529 licensed pursuant to chapter 112 or otherwise authorized to provide healthcare services who is
530 providing healthcare services to a patient who is physically located in Massachusetts at the time
531 the healthcare services are provided via telehealth from providing such services from any
532 location within Massachusetts or outside Massachusetts; provided, that the location from which
533 the physician provides services does not compromise patient confidentiality and privacy and the
534 location from which the physician provides the services does not exceed restrictions placed on

535 the physician's specific license, including but not limited to, restrictions set by the hospital,
536 institution, clinic or program in which a physician licensed pursuant to section 9 of chapter 112
537 of the General Laws has been appointed.

538 SECTION 30. Section 26 of chapter 176O of the General Laws, as so appearing, is
539 hereby amended by striking out the current section and inserting in place thereof the following:

540 The commissioner shall establish standardized processes and procedures
541 applicable to all health care providers and payers for the determination of a patient's health
542 benefit plan eligibility at or prior to the time of service, including telehealth services. As part of
543 such processes and procedures, the commissioner shall (i) require payers to implement
544 automated approval systems such as decision support software in place of telephone approvals
545 for specific types of services specified by the commissioner and (ii) require establishment of an
546 electronic data exchange to allow providers to determine eligibility at or prior to the point of care
547 and determine the insured's cost share for a proposed telehealth service, including any
548 copayment, deductible, coinsurance or other out of pocket amount for any covered telehealth
549 services.

550 SECTION 31. Notwithstanding any general or special law to the contrary, the health
551 policy commission, in consultation with the center for health information and analysis, the
552 executive office of health and human services and the division of insurance shall issue a report
553 on the use of telehealth services in the commonwealth and the effect of telehealth on health care
554 access and system cost. The report, along with a suggested plan to implement its
555 recommendations in order to maximize access, quality of care and cost savings, shall be
556 submitted to the joint committee on health care financing and the house and senate committees

557 on ways and means not later than 2 years from the effective date of this act; provided, however,
558 that not later than 1 year from the effective date of this act, the commission shall present a report
559 on: i) the estimated impacts on costs and time spent by patients accessing healthcare services due
560 to the use of telehealth; ii) the estimated impacts to access to healthcare services due to the use of
561 telehealth including employment productivity, transportation costs and school attendance; iii) the
562 estimated impacts on healthcare costs due to the impacts of telehealth on COVID-19
563 transmission and treatment; iv) the estimated impact on the costs of personal protective
564 equipment for providers and healthcare facilities due to the use of telehealth; v) an estimate of
565 the impact of health outcomes to those communities that have not been able to access telehealth
566 services due to language or accessibility issues; and vi) an interim estimate of the fiscal impact of
567 telehealth use in the commonwealth that shall include public health outcomes, increased access
568 to services, reduction in transportation services and vehicle miles traveled, and reduction in
569 hospitalizations. The report shall additionally include data regarding the number of telehealth
570 visits utilizing an interpreter for those who are deaf and hard of hearing and for languages other
571 than English and shall quantify the number of telehealth visits in each language.

572 SECTION 32. Notwithstanding any general or special law to the contrary, the health
573 policy commission shall establish a Digital Bridge Pilot Program to support telehealth services
574 and devices and to provide funding for healthcare and human service providers and their patients
575 and clients to support the purchase of telecommunications, information services and connected
576 devices necessary to provide telehealth services to patients and clients. Communities that have
577 had the highest prevalence of and been disproportionately affected by COVID-19 shall be
578 prioritized for funding under this program in addition to communities that experience barriers in
579 accessing telehealth services due to language constraints, socioeconomic constraints or other

580 accessibility issues. Eligible programs may include but not be limited to public private
581 partnerships with telecommunication providers, municipalities, healthcare providers and other
582 organizations.

583 Eligible services may include, but not be limited to: telecommunications services;
584 broadband and internet connectivity services including the purchase of broadband subscriptions
585 and the establishment of wireless hotspots, so-called; voice services; remote patient monitoring
586 platforms and services; patient reported outcome platforms; store and forward services, including
587 the asynchronous transfer of patient images and data for interpretation by a physician; platforms
588 and services to provide synchronous video consultation; tablets, smartphones, or connected
589 devices to receive connected care services at home for patient or provider use; and telemedicine
590 kiosks / carts for provider sites. Funding shall not be used for unconnected devices that patients
591 utilize in the home and then manually report their results to providers.

592 SECTION 33. (a) Notwithstanding any general or special law to the contrary, the health
593 policy commission shall establish a Digital Health Navigator Tech Literacy Pilot Program,
594 herein referred to as the program, to complement and work in conjunction with the Digital
595 Bridge Pilot Program. The program shall establish telehealth digital health navigators including
596 community health workers, medical assistants, and other healthcare professionals to assist
597 patients with accessing telehealth services. The program and its funding shall prioritize
598 populations who experience increased barriers in accessing healthcare and telehealth services,
599 including those disproportionately affected by COVID-19, the elderly and those who may need
600 assistance with telehealth services due to limited English proficiency or limited literacy with
601 digital health tools. Entities receiving funding through this program will provide culturally and
602 linguistically competent hands-on support to educate patients on how to access broadband and

603 wireless services and subsequently utilize devices and online platforms to access telehealth
604 services.

605 (b) The health policy commission shall publish a report, one year following the
606 implementation of said Digital Bridge Health Navigator Tech Literacy Pilot Program, which
607 shall include but not be limited to the following: (i) an identification of the program's telehealth
608 navigators disaggregated by healthcare profession; (ii) the resources required to provide literacy
609 with digital health tools, including, but not limited to, the cost of operating said pilot program
610 and additional workforce training for the program's telehealth navigators; (iii) an identification
611 of the populations served by the program disaggregated by demographics including, but not
612 limited to, race, ethnicity, age, gender identity and primary language spoken; (iv) an
613 identification of the regions served by the program across the commonwealth; and (v) an
614 evaluation of the efficacy of the program in increasing the utilization of telehealth services
615 disaggregated by patient demographics and including, but not limited to, the rate of attendance at
616 telehealth visits.

617 SECTION 34. a) Notwithstanding any general or special law to the contrary, the
618 executive office of health and human services shall establish a task force to address barriers and
619 impediments to the practice of telehealth across state lines. The task force shall consist of: the
620 secretary of the executive office of health and human services or a designee who shall serve as
621 chair; the commissioner of the department of public health or a designee; the commissioner of
622 the department of mental health or a designee; the executive director of the board of registration
623 in medicine or a designee; a representative of the bureau of health professions licensure at the
624 department of public health; a representative from the health policy commission; a representative
625 from the Massachusetts Medical Society; a representative from the Massachusetts Health and

626 Hospital Association; and a representative from the Massachusetts League of Community Health
627 Centers.

628 b) The task force shall conduct an analysis and issue a report evaluating the
629 commonwealth’s options to facilitate appropriate interstate medical practice and the practice of
630 telemedicine including consideration of the recommendations from the Federation of State
631 Medical Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law
632 Commission, model legislation developed by the American Medical Association, the interstate
633 medical licensure compact, and/or other licensure reciprocity agreements, including the medical
634 licensure reciprocity agreement between the states of Maryland and Virginia and the District of
635 Columbia. The analysis and report shall include but not be limited to: (i) an analysis of physician
636 job vacancies in the commonwealth broken down by practice specialization and projected
637 vacancies based on the demographics of the commonwealth’s physician workforce and medical
638 school graduate retention rates; (ii) an analysis of other states’ entry into the interstate medical
639 licensure compact and any impact on quality of care resulting from entry; (iii) an analysis of the
640 ability of physicians to provide follow-up care across state lines, including via telehealth; (iv) an
641 analysis of registration models for providers who may provide care for patients via telehealth
642 with the provider located in one state and the patient located in another state, provided that said
643 analysis would include delineation of provider responsibilities for registration and reporting to
644 state professional licensure boards; (v) an analysis of impacts to health care quality, cost and
645 access resulting from other states’ entry into a medical licensure compact, as well as anticipated
646 impacts to health care quality, cost and access associated with entry into an interstate medical
647 licensure compact; (vi) evaluations of barriers and solutions regarding prescribing across state
648 lines; (vii) evaluations of the feasibility of a regional reciprocity agreement allowing

649 telemedicine across state lines both for existing patient provider relationships and/or the
650 establishment of new relationships; (viii) evaluations of the feasibility of the establishment of
651 interstate proxy credentialing; (ix) recommendations to support the continuity of care for
652 patients utilizing telehealth across state lines including but not limited to recommendations to
653 support the continuity of care for people aged 25 and under when providing telehealth across
654 state lines; (x) consideration of the recommendations from the Federation of State Medical
655 Boards Workgroup on telemedicine, the Telehealth Act developed by the Uniform Law
656 Commission, model legislation developed by the American Medical Association, the interstate
657 medical licensure compact, and/or other reciprocity agreements including the medical licensure
658 reciprocity agreement between the states of Maryland and Virginia and the District of Columbia.

659 (c) The task force shall submit its recommendations to the governor and the clerks of the
660 house of representatives and the senate not later than October 1, 2026.

661 SECTION 35. (a) Notwithstanding any general or special law to the contrary, the
662 executive office of health and human services shall establish a task force to address barriers and
663 impediments to the practice of telehealth by health professionals across state lines including
664 advanced practice registered nurses, physician assistants, behavioral and allied health
665 professions, and other health professions licensed or certified by the department of public health.
666 The task force shall consist of: the secretary of the executive office of health and human services
667 or a designee who shall serve as chair; the commissioner of the department of public health or a
668 designee; the commissioner of the department of mental health or a designee; the executive
669 director of the board of registration in nursing or a designee; a representative of the bureau of
670 health professions licensure at the department of public health; and 12 persons to be appointed
671 by the secretary of the executive office of health and human services representing organizations

672 that represent advanced practice registered nurses, physician assistants, hospitals, patients, social
673 workers, behavioral health professions, allied health professions, telehealth and other healthcare
674 professionals licensed or certified by the department of public health.

675 (b) The task force shall: i) investigate interstate license reciprocity models with other
676 nearby states for advanced practice registered nurses, physician assistants, behavioral health,
677 social workers, allied health and other health professionals licensed or certified by the
678 department of public health to ensure that there is sufficient access for professionals throughout
679 the region and ensure that continuity of care for patients is achieved for patients that access
680 services in state's throughout the region; ii) consider recommendations to support the continuity
681 of care for patients utilizing telehealth across state lines including but not limited to
682 recommendations to support the continuity of care for children and adolescents when providing
683 telehealth across state lines; and iii) examine registration models for providers who may provide
684 care for patients via telehealth with the provider located in one state and the patient located in
685 another state. Such examination would include delineation of provider responsibilities for
686 registration and reporting to state professional licensure boards.

687 (c) The task force shall submit its recommendations to the governor and the clerks of the
688 house of representatives and the senate not later than February 1, 2026.

689 SECTION 36. There shall be a special commission to study and make recommendations
690 on ways to address the inequity of health outcomes and digital access through the recruitment
691 and implementation of digital health navigators.

692 The commission shall consist of: the chairs of the joint committee on economic
693 development and emerging technologies and the joint committee on public health who shall

694 serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member
695 appointed by the minority leader of the house of representatives; 1 member appointed by the
696 senate president; 1 member appointed by the minority leader of the senate; the secretary of
697 technology services and security or a designee; the chief information technology accessibility
698 officer or a designee; the executive director of Mass Digital or a designee; 1 member who shall
699 be a representative of the interoperable communications bureau within the executive office of
700 technology services and security; 1 member who shall be a representative of the Massachusetts
701 Broadband Institute; 1 member who shall be a representative of the department of public health; 1
702 member who shall be a representative of the executive office of aging and independence; 3
703 members appointed by the governor who shall be digital health navigators from diverse
704 geographic backgrounds in Massachusetts; and 9 additional representatives, including, but not
705 limited to, representatives from organizations advocating for digital equity in the western region
706 of the commonwealth, behavioral health organizations, human service providers, community
707 health workers, municipalities, hospitals and health systems, physician practices, community
708 health centers, workforce boards, and patients who have utilized digital health navigation
709 services.

710 The commission shall consider:

711 (i) defining how statewide residents' needs can be met by digital health navigation
712 services within the broader goal of digital equity;

713 (ii) defining the scope, social determinants of health and quality of life outcomes, and
714 methods for funding digital health navigators including private and public contracting and state
715 grantmaking;

716 (iii) qualifications and standards of digital health navigator services, including a process
717 for a statewide credentialing program for digital health navigators;

718 (iv) conduct data collection of current regional initiatives across the state to understand
719 opportunities, implementation design, and statewide efficiencies;

720 (v) any other considerations determined to be relevant by the commission. The
721 commission shall file a report and recommendations, including any legislation necessary to
722 implement its recommendations, with the clerks of the house of representatives and the senate
723 not later than June 30, 2026.

724 SECTION 37. Sections 77 and 79 of chapter 260 of the acts of 2020 are hereby repealed.