



**HD1056 - An Act Advancing and Expanding Access to Telemedicine Services (Rep. John Scibak (D-South Hadley))**  
**SD1182 - An Act Advancing and Expanding Access to Telemedicine Services (Sen. Jason Lewis (D-Winchester))**

Telemedicine is a critical tool that healthcare providers, payers, patients, and employers can use to improve access to care for patients, improve health outcomes for chronic illnesses, and reduce costs associated with seeking in-person medical visits with healthcare providers. Telemedicine improves care by giving all patients (regardless if they live in rural or urban areas) convenient access to all levels of healthcare services (including but not limited to primary care providers, specialists, and behavioral health clinicians). By streamlining the time to be evaluated by a healthcare provider, telemedicine has been shown to improve the health of patients suffering from chronic and often expensive diseases such as asthma, congestive heart failure, chronic obstructive pulmonary disease, diabetes, and hypertension. Additionally, telemedicine has been shown to help reduce hospital readmissions, decrease lengths of stay, and cut down on emergency room visits. **As the need for healthcare services grows, telemedicine will improve access to care and increase the efficiency of care delivery, while decreasing the overall cost of healthcare in the state.**

This bill will: ensure parity in insurance coverage for telemedicine services at the same payment rate as in-person treatment; streamline the credentialing process for Massachusetts licensed clinicians using telemedicine services within the state, and ensure a uniform and consistent approach that fosters innovation when defining telemedicine services.

***In a recent study by Massachusetts' Center for Health Information and Analysis (CHIA), it was found that telemedicine will improve the overall delivery of care and will have no effect on commercial health insurance premiums ("the bill's incremental impact will be too small to measure with any precision").***

**Advantages of Telemedicine as part of the Massachusetts Healthcare Reform Efforts:**

- **Improving access to care:** Many people have a difficult time accessing in-person healthcare due to mobility limitations, major distances to a specialist's office from the patient's home address, scheduling an appointment due to the busy nature of many providers, time barriers, and transportation limitations (e.g. lack of a car or public transit). In fact a 2015 Harvard Medical School study published in the *American Journal of Managed Care* estimated that a typical in-person visit to a doctor consumes 121 minutes of a patient's time with only 20 minutes of that spent face to face with the physician. Based on the average sum that a person could earn if working during that time, researchers figure that each medical visit costs patients \$43 in lost work time – which is more than the average out-of-pocket cost for the care itself at \$32. Furthermore, minorities and unemployed patients spend 25% to 28% longer seeking healthcare, mostly because of longer wait times in the clinic. Expanding statewide access to telemedicine will assist populations in receiving more timely critical and life-saving treatment regardless of economic means, physical ability, transportation options, or geographic location.
- **Advancing quality & reducing costs:** In 2012, the Mass. General Hospital (MGH) /Brigham & Women's Hospital Tele-Stroke network provided 24/7 acute stroke neurology coverage to emergency departments across 11 counties in Massachusetts, providing care to more than 700 patients. This resulted in approximately 400 avoided transfers to academic medical centers, with an estimated savings for emergency transport costs of approximately \$1.4 million and an additional \$676,000 of long-term savings among tissue plasminogen activator (tPA) treated patients, totaling more than \$2 million in savings to the Massachusetts healthcare system. In 2013, MGH provided weekly, post-acute virtual visits to patients discharged to Boston Spaulding Rehabilitation Hospital (SRH), which allows patients to stay at SRH rather than being transported to MGH for follow-up outpatient appointments. Over a five-month period, the Tele-Burns team provided regular follow-up care to 17 thermal injury patients, which enabled 90 avoided transports between MGH and SRH with an estimated cost savings of approximately \$45,000. In addition, the program has demonstrated reductions in hospital readmissions, improved adherence to rehabilitation schedules, and allowed patients to return home sooner. In a nine-month study at Boston Children's Hospital, the **TeleCAPE** (Critical Care, Anesthesia, Perioperative Pain Extension) program used real-time, telemedicine visits with medically complex children on home ventilators. In a small pilot involving just 14 patients and 27 video encounters, the TeleCAPE program had a profound impact on the utilization of healthcare resources versus traditional telephone management. Several urgent outpatient visits were avoided, the number of emergency room visits dropped, and at least one high-cost ICU hospital admission was avoided. Patient satisfaction with the service was very high.
- **Saving patients time & good for the environment:** Access to specialty care through telemedicine benefits whole communities, including families, businesses, and the environment. Patients who need access to specialty services often find it difficult to take time off of work and/or travel longer distances for follow-up visits. Telemedicine provides care where a patient is thereby increasing the accessibility of care while decreasing the amount of time people need to be away from work, school and family. And by delivering

almost 45,000 visits via telemedicine, the University of Virginia Health System has saved its patients an estimated 16 million miles of driving and cut carbon emissions by almost 7,000 tons.

**For many employers, the availability of telemedicine as part of an employee benefit package has been found to result in an overall cost reduction across healthcare trends without shifting costs to employees, yet also improving their health and productivity. According to the National Business Group on Health August 2016 survey of large employers, 90% of large employers will make telemedicine services available to employees in states where it is allowed next year, a sharp increase from 70% this year. That figure will rise to 100% by 2020.**

Barriers to Expansion of Telemedicine in Massachusetts	Description	How This Bill Addresses These Barriers
<p><b>Expanding access to care and insurer coverage parity for telemedicine services for patients</b></p>	<p>Massachusetts is one of only two states that do not provide expanded coverage for telemedicine throughout its Medicaid program and among all insurance plans. Massachusetts Medicaid has been required to provide coverage for remote tele-monitoring for home health services, but does not provide expanded coverage for telemedicine throughout its program, as outlined in the bill. Currently, there is limited to minimal coverage by the Group Insurance Commission and commercial insurers.</p>	<p>Section 3 amends Chapter 118E of the General Laws to cover telemedicine services for MassHealth members. Section 1 amends Ch. 32A to cover telemedicine services for Group Insurance Commission members. Sections 4-8 ensure that commercial health insurers provide coverage for telemedicine by all contracted providers, instead of through limited insurer approved telemedicine networks or for limited procedures. It also ensures reimbursement for services on the same basis and at the same rate regardless of whether the services are delivered via telemedicine or through an in-person visit.</p>
<p><b>Improving Privileging and Credentialing of Clinicians similar to Federal Rules</b></p>	<p>Massachusetts licensure boards require providers to be licensed and credentialed at each location they are providing services (in-person or via telemedicine). This includes detailed documentation of Primary Source Verification of each clinician’s education, skills, training, and more, which adds to the overall cost and delays in providing primary, specialist, and behavioral health services to those areas in the state without enough capacity. However, federal Medicare rules allow a streamlined and more efficient process that eliminates duplicative paperwork and delays in allowing a provider to offer care through telemedicine.</p>	<p>Sections 2 and 9 would require the Board of Registration in Medicine, DPH Division of Professional Licensure, and the OCABR’s Division of Professional Licensure to amend their regulations to allow for proxy credentialing and streamlined privileging by Massachusetts licensed providers at each location that they provide telemedicine services.</p>

