



# *An Act promoting a resilient health care system that puts patients first*

## **Fact Sheet**

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The House and Senate have collaborated to produce a comprehensive healthcare bill that will benefit patients and our health care system as the Commonwealth continues to face the most serious public health crisis in modern history. This Act removes financial and insurance barriers to telehealth services, expands our healthcare workforce by eliminating certain practice restrictions for qualified nurses and other health professionals, provides financial assistance to community hospitals, improves coverage for COVID-19 testing and treatment, enhances patient notification requirements to help avoid surprise medical bills, and makes several other notable reforms.

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### *Access to Telehealth*

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Telehealth refers to the remote diagnosis and treatment of patients by means of telecommunications technology, typically through videoconference or phone call. Telehealth expands access to care, improves the efficiency of care, and has been an essential tool for the delivery of health care services during the COVID-19 pandemic.

This Act makes telehealth services permanently available for Massachusetts patients after the COVID-19 state of emergency has ended by requiring insurance carriers, including MassHealth, to cover telehealth services in any case where the same in-person service would be covered and the use of telehealth is appropriate. Because the lack of certainty around insurance coverage has inhibited wider utilization of and investment in telehealth services by providers, this bill gives providers the assurance they need to make the investments that will expand geographic access, reduce delays in care and improve both pre- and post-care treatment.

Parity in the payment rate for telehealth and in-person services has been an important financial lifeline to health care providers during the COVID-19 pandemic. This bill extends payment rate parity beyond the current COVID-19 state of emergency by requiring that behavioral health services delivered via telehealth be *permanently* reimbursed by insurers at the same level as in-person services. Access to primary care and chronic disease management services via telehealth are also enhanced in the bill by requiring these services to be reimbursed by insurers at the same rate as in-person services over the next two years. Equal payment rates for telehealth and in-person care for all other health care services, which have been temporarily mandated by an Executive Order, will also remain in place for 90 days beyond the end of the COVID-19 state of emergency.

Finally, the bill recognizes that expanded use of telehealth will affect our health care system in a variety of ways. In light of that, this bill also includes an analysis of telehealth coverage and payment to inform future policy decisions.

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### *Healthcare Workforce Reforms*

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Enabling health care professionals to use the full range of their training and expertise is critical to providing access to quality care and expanding the state's health care workforce. As such, this bill enables nurse practitioners, nurse anesthetists and psychiatric nurse mental health clinical specialists to practice independently, provided that they meet certain education and training standards and practice under physician supervision for at least two years. In addition, this Act allows Massachusetts optometrists to treat glaucoma.

For administrative efficiency purposes, this bill extends the effective term of a licensed professional's Massachusetts Controlled Substance Registration beyond one year to equal the effective term of their professional license.

Finally, the COVID-19 pandemic has made clear the integral role that pharmacists play in health care teams. This bill recognizes pharmacists as health care providers, enabling them to integrate more fully into coordinated care teams and work with patients to review medications to identify areas for care improvement.

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***Assistance for Eligible Community Hospitals***

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Community hospitals have faced unprecedented financial challenges in light of the COVID-19 pandemic. To provide assistance, this bill authorizes two years of enhanced monthly Medicaid payments for community hospitals that serve a high percentage of low-income patients and meet financial eligibility criteria.

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***Access to COVID-19 Testing and Treatment***

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As the pandemic endures, it is crucial to ensure that COVID-19 testing and treatment services are as widely accessible as possible. To that end, this Act requires insurance carriers, including MassHealth, to cover, without any out-of-pocket costs to patients, all COVID-19-related emergency, inpatient and cognitive rehabilitation services, including all professional, diagnostic and laboratory services, at both in-network and out-of-network providers. This bill also requires coverage for medically necessary outpatient COVID-19 testing, including testing for asymptomatic individuals under circumstances to be defined by guidelines established by the Secretary of Health and Human Services within 30 days of the effective date of this bill.

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***Increased Cost Transparency to Help Avoid Surprise Medical Bills***

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Out-of-network billing, otherwise known as surprise billing, occurs when patients who have inadvertently received health care services outside of their insurance network receive bills from a provider for costs that the insurance carrier refuses to pay. Even the savviest health care consumer is often unaware or unable to determine whether or not a given provider is covered by their health plan prior to a planned procedure. As such, in the short-term, this bill immediately institutes requirements for health care providers and insurance carriers to notify patients of a health care provider's network status before a non-emergency procedure occurs so the patient can make an informed decision about where to seek care and avoid receiving a surprise medical bill. In the long-term, and in light of potential changes to federal law, this bill tasks the Secretary of Health and Human Services, in consultation with the Health Policy Commission, the Center for Health Information and Analysis and the Division of Insurance, to develop a report and make recommendations on the process for establishing a fair and sustainable out-of-network rate no later than September 1, 2021.

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***Support for Children with PANDAS/PANS***

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Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndromes (PANS) are life-changing conditions that are often triggered by an infection such as strep throat that occurs suddenly in previously healthy children between the ages of two and twelve. These conditions result in a marked detrimental personality change, which typically includes obsessions and compulsions, extreme anxiety, trouble sleeping, difficulty with schoolwork, bodily tics and urinary frequency or incontinence. This bill requires insurance carriers to cover PANDAS/PANS, ensuring that children with PANDAS/PANS and their families have access to treatment and care. The bill also establishes a PANDAS/PANS

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Advisory Council within the Department of Public Health (DPH) to advise the DPH commissioner on ongoing research, diagnosis, treatment, and education related to PANDAS/PANS.

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### ***Analyzing Health System Impacts of COVID-19***

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The bill directs the Health Policy Commission and the Center for Health Information and Analysis to analyze and report on the state of the Commonwealth's health care delivery system, the effect of COVID-19 on health care accessibility, quality and fiscal sustainability in the short-term and the implications of those effects on long-term policy considerations. The analysis will include an inventory of all health care services and resources serving Massachusetts residents from birth to death, as well as an analysis of existing health care disparities due to economic, geographic, racial or other factors.

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### ***Access to Cancer Clinical Trials***

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Travel and accommodation costs can pose a barrier to participation in cancer clinical trials, especially for low-income cancer patients. This bill eliminates that barrier by allowing reimbursement for a cancer patient's reasonable travel and accommodation expenses associated with participating in a cancer clinical trial.

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### ***Eliminating Barriers for MassHealth Patients at Urgent Care Facilities***

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MassHealth patients face a significant barrier to accessing affordable urgent care services. This bill eliminates the requirement that MassHealth patients first obtain a referral from their primary care provider before seeking treatment at an urgent care facility. The bill also requires urgent care facilities to notify MassHealth when a MassHealth patient receives urgent care services in order to improve care coordination. It also requires the urgent care facility to let MassHealth know if the MassHealth patient who visited the urgent care facility does not have a designated primary care provider, thereby allowing MassHealth to follow-up with the patient and provide information and guidance on how to choose a primary care provider.

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### ***Rare Disease Advisory Council***

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There are approximately 7,000 known rare diseases including, for example, more than 500 types of rare cancers as well as all forms of pediatric cancer. This Act establishes a Rare Disease Advisory Council to advise the Governor, the Legislature and the Department of Public Health on the incidence of rare disease in the Commonwealth and the status of the rare disease community. The council will also be tasked with creating a rare disease plan for the state and developing methods to publicize the profile of the social and economic burden of rare diseases to ensure health care providers are more informed about the unique challenges of those living with rare diseases.

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### ***Health Policy Commission Board Make-Up***

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This Act ensures that a registered nurse with demonstrated expertise in the development and utilization of innovative treatments for patient care is a member of the Health Policy Commission's board.