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Beacon Hill negotiators reach deal on compromise health care bill

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Compromise health care legislation announced Tuesday would require insurers to permanently reimburse for behavioral telehealth at the rates they'd pay for the same care in-person, one of a series of measures aimed at building on the lessons of the COVID-19 crisis.

Lead negotiators Sen. Cindy Friedman and House Majority Leader Ronald Mariano announced the deal shortly before 5 p.m., and the legislation was filed with the Senate clerk's office about a half hour later. It's expected to come before the Senate on Wednesday.

"As the Commonwealth continues to face the greatest public health crisis in modern history, we are proud to put before the Legislature a strong health care conference committee report," the two Democrats said in a statement that acknowledged that the pandemic "has placed unprecedented demands on our health care system."

Mariano and Friedman said the bill "authorizes qualified advanced practice nurses to practice at the height of their license, eliminates barriers for low-income residents seeking urgent care services, reaffirms our commitment to community hospitals by increasing financial support, expands coverage requirements for COVID-19



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FILE — The Massachusetts State House

related testing and treatment, and enhances protections for patients against the unfair practice of surprise medical billing."

All six members of the conference committee signed off on the final product. Along with Friedman, who is the Senate chair of the Health Care Financing Committee, and Mariano, the other members are Democrats Rep. John Mahoney and Sen. Julian Cyr and Republicans Sen. Dean Tran and Rep. Randy Hunt.

The Senate in June and the House in July each passed bills that aimed to cement telehealth's place in the state's health care ecosystem after the virtual method of care delivery exploded in popularity early in the COVID-19 pandemic, when in-person health care services were restricted and many people avoided trips outside of the home.

The two branches took different approaches on payment parity between telehealth visits and in-person services.

The Senate bill sought to require reimbursement rates for telehealth to match in-person rates for two years. The House bill proposed permanent coverage at in-person rates for behavioral telehealth services, while primary care and chronic disease management telehealth visits would be covered at in-person rates for one year.

Under the conference committee's bill (S 2984), insurers would need to permanently reimburse behavioral telehealth services at the same rate as in-person. For two years after the bill takes effect, they would also need to reimburse telehealth-delivered primary care and chronic disease management services at the same rate as in-person care.

An executive order mandated equal payment rates for telehealth and in-person services during the COVID-19 state of emergency declared on March 10, and the bill would keep those rates in place for 90 days after the state of emergency ends.

To ensure consumer access to telehealth, the bill would require insurers, including MassHealth, to cover telehealth in any case where they'd cover the same in-person service and where telehealth is appropriate, according to the committee.

"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," the committee said in its summary of the bill.

In the area of workforce reforms, the bill enables nurse practitioners, nurse anesthetists and psychiatric nurse mental health clinical specialists to practice independently as long as they meet education and training standards and practice under physician supervision for at least two years. The bill also allows Massachusetts optometrists to treat glaucoma.

The Massachusetts Association of Nurse Anesthetists said the bill allows flexibility for certified registered nurse anesthetists to care for patients pre- and post-procedure. Its lifting of supervision requirements for advanced practice registered nurses is along the same lines of an executive order that allowed APRNs to move into critical care and other roles during the first wave of the pandemic, the association said.

"This bill cuts through some of the red tape that can cost our patients precious time and money," association president Elaine Sullivan said. "It is an important step forward in advancing patient safety and providing access to skilled anesthesia care."

To address fiscal challenges at community hospitals, the bill authorizes two years of enhanced monthly Medicaid payments at such facilities that serve a high percentage of low-income patients and meet other financial eligibility criteria.

In the area of COVID-19 testing and treatment, the bill 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, according to a bill summary. It also requires coverage for medically necessary outpatient COVID-19 testing, including testing for asymptomatic individuals under circumstances to be defined by guidelines established by state officials within 30 days of the effective date of the bill.

This bill eliminates the requirement that MassHealth patients obtain a referral from their primary care provider before seeking treatment at an urgent care facility, and requires urgent care facilities to notify MassHealth when a MassHealth patient receives urgent care services in order to improve care coordination.

An agreement on health care leaves three other major pieces of legislation -- dealing with climate change, economic development, and transportation bonds -- still tied up in closed-door House/Senate talks with two weeks remaining until the end of session.

Last term, a conference committee chaired by Mariano and Sen. James Welch was unable to reach accord on health care legislation before the end of formal sessions on July 31, 2018, leaving lawmakers to start over on the issue when the new session began in January 2019.

Gov. Charlie Baker filed a sweeping health care reform bill in October 2019, well before COVID-19 arrived in Massachusetts and reshaped the legislative agenda to focus on pandemic response.

The conference committee's report lands days after House Speaker Robert DeLeo confirmed that he was entering talks with Northeastern University about a new job, and with Mariano as his likely successor.

