HOUSE . . . . No. 4888

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, July 27, 2020.

The committee on Ways and Means, to whom was referred the Senate Bill putting patients first (Senate, No. 2796), reports recommending that the same ought to pass with amendments striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 4888; and by striking out the title and inserting in place thereof the following title: "An Act to promote resilience in our health care system.".

For the committee,

AARON MICHLEWITZ.

HOUSE . . . . No. 4888

Text of amendments, recommended by the committee on Ways and Means, to the Senate Bill putting patients first (Senate, No. 2796). July 27, 2020.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

By striking out all after the enacting clause and inserting in place thereof the following:–

1 "SECTION 1. Subsection (d) of section 8 of chapter 6D of the General Laws, as
2 appearing in the 2018 Official Edition, is hereby amended by striking out, in lines 32 and 33, the
3 words "and (xi) any witness identified by the attorney general or the center" and inserting in
4 place thereof the following words:- (xi) the assistant secretary for MassHealth; and (xii) any
5 witness identified by the attorney general or the center.

6 SECTION 2. Subsection (e) of said section 8 of said chapter 6D, as so appearing, is
7 hereby amended by striking out, in line 48, the first time it appears, the word "and".

8 SECTION 3. Said subsection (e) of said section 8 of said chapter 6D, as so appearing, is
9 hereby further amended by inserting after the word "commission", in line 59, the first time it
10 appears, the following words:- ; and (iii) in the case of the assistant secretary for MassHealth,
11 testimony concerning the structure, benefits, caseload and financing related programs
12 administered by the office or entered into in partnership with other state and federal agencies and
13 the agency's activities to align or redesign those programs in order to encourage the development
14 of more integrated and efficient health care delivery systems.

15 SECTION 4. Chapter 32A of the General Laws is hereby amended by adding the
16 following section:-

17 Section 30. (a) For the purposes of this section, the following words shall, unless the
18 context clearly requires otherwise, have the following meanings:

19 "Behavioral health services", care and services for the diagnosis, treatment or
20 management of patients with mental health or substance use disorders.

21 "Chronic disease management", care and services for the management of chronic
22 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
23 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
24 failure, hypertension, history of stroke and coronary artery disease.

25 "Eligible health care services", primary care services, behavioral health services and
26 chronic disease management when delivered via telehealth to a patient while the patient is
27 located in their place of residence. Eligible health care services shall also include all health care
28 services delivered to a patient via telehealth when the patient is located in a health care facility
29 licensed or certified by the department of public health or the department of mental health or
30 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

31 "Primary care services", services delivered by a primary care provider as defined in
32 section 1 of chapter 111.

33 "Telehealth", the use of synchronous or asynchronous audio, video, electronic media or
34 other telecommunications technology, including, but not limited to: (i) interactive audio-video
35 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online

36 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
37 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
38 shall not include text messaging or text-only email; and provided, further, that prescribing via
39 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
40 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
41 sudden onset of an illness or injury, manifesting itself by acute symptoms.

42 (b) Coverage offered by the commission to an active or retired employee of the
43 commonwealth insured under the group insurance commission shall provide coverage for
44 eligible health care services via telehealth by a contracted health care provider if: (i) the health
45 care services are covered by way of in-person consultation or delivery, and (ii) the health care
46 services may be appropriately provided through the use of telehealth; provided, however, that the
47 commission, or its carriers or other contracted entities providing health benefits, shall not meet
48 network adequacy through significant reliance on telehealth providers and shall not be
49 considered to have an adequate network if patients are not able to access appropriate in-person
50 services in a timely manner upon request.

51 (c) Coverage for telehealth services may include utilization review, including
52 preauthorization, to determine the appropriateness of telehealth as a means of delivering a health
53 care service; provided, however, that the determination shall be made in the same manner as if
54 the service was delivered in-person. A carrier shall not be required to reimburse a health care
55 provider for a health care service that is not a covered benefit under the plan or reimburse a
56 health care provider not contracted under the plan except as provided for under subclause (i) of
57 clause (4) of subsection (a) of section 6 of chapter 176O.

58 (d) A health care provider shall not be required to document a barrier to an in-person
59 visit, nor shall the type of setting where telehealth services are provided be limited for health
60 care services provided via telehealth, except as provided in the definition of the term "eligible
61 health care services" in subsection (a); provided, however, that a patient may decline receiving
62 services via telehealth in order to receive in-person services.

63 (e) Coverage for telehealth services may include a deductible, copayment or coinsurance
64 requirement for a health care service provided via telehealth as long as the deductible,
65 copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable
66 to an in-person consultation or in-person delivery of services. The rate of payment for telehealth
67 services provided via interactive audio-video technology may be greater than the rate of payment
68 for the same service delivered by other telehealth modalities.

69 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
70 chapter 6D, shall account for the provision of telehealth services to set the global payment
71 amount.

72 (g) The commission shall ensure that the rate of payment for in-network providers of
73 behavioral health services delivered via interactive audio-video technology and audio-only
74 telephone shall be no less than the rate of payment for the same behavioral health service
75 delivered via in-person methods.

76 (h) Health care services provided via telehealth shall conform to the standards of care
77 applicable to the telehealth provider's profession and specialty. Such services shall also conform
78 to applicable federal and state health information privacy and security standards as well as
79 standards for informed consent.

80 SECTION 5. Section 1 of chapter 94C of the General Laws, as appearing in the 2018
81 Official Edition, is hereby amended by inserting after the definition for "Marihuana" the
82 following definition:-

83 "Medication order", an order for medication entered on a patient's medical record
84 maintained at a hospital, other health facility or ambulatory health care setting registered under
85 this chapter, that is dispensed only for immediate administration at the facility to the ultimate
86 user by an individual who administers such medication under this chapter.

87 SECTION 6. Said section 1 of said chapter 94C, as so appearing, is hereby further
88 amended by striking out, in line 290, the words "a practitioner, registered nurse, or practical
89 nurse" and inserting in place thereof the following words:- an individual who is authorized to
90 administer such medication under this chapter.

91 SECTION 7. The definition of "Practitioner" in said section 1 of said chapter 94C, as so
92 appearing, is hereby amended by adding the following 2 clauses:-

93 (d) A nurse practitioner registered pursuant to subsection (f) of section 7 and authorized
94 pursuant to section 80E of chapter 112 to issue written prescriptions and medication orders and
95 order tests and therapeutics in the course of professional practice or research in the
96 commonwealth.

97 (e) A psychiatric nurse mental health clinical specialist registered pursuant to subsection
98 (f) of section 7 and authorized pursuant to section 80E of chapter 112 to issue written
99 prescriptions and medication orders and order tests and therapeutics in the course of professional
100 practice or research in the commonwealth.

101 SECTION 8. Said section 1 of said chapter 94C, as so appearing, is hereby further
102 amended by striking out, in lines 367 and 368, the words "a practitioner, registered nurse or
103 licensed practical nurse" and inserting in place thereof the following words:- an individual who
104 is authorized to administer such medication under this chapter.

105 SECTION 9. Subsection (a) of section 7 of said chapter 94C, as so appearing, is hereby
106 amended by inserting after the word "issuance", in line 9, the following words:- or until
107 completion of the term of the registrant's license issued pursuant to chapter 112, whichever
108 occurs later.

109 SECTION 10. Said section 7 of said chapter 94C, as so appearing, is hereby amended by
110 inserting after the word "podiatrist", in line 122 and in lines 125 to 126, inclusive, each time it
111 appears, the following words:- , nurse practitioner, psychiatric nurse mental health clinical
112 specialist.

113 SECTION 11. Subsection (g) of said section 7 of said chapter 94C, as so appearing, is
114 hereby amended by striking out the second paragraph.

115 SECTION 12. Section 9 of said chapter 94C, as so appearing, is hereby amended by
116 inserting after the word "podiatrist", in line 1, the following words:- , nurse practitioner,
117 psychiatric nurse mental health clinical specialist.

118 SECTION 13. Section 9 of said chapter 94C, as so appearing, is hereby further amended
119 by striking out, in lines 3 to 5, inclusive, the words ", nurse practitioner and psychiatric nurse
120 mental health clinical specialist as limited by subsection (g) of said section 7 and section 80E of
121 said chapter 112".

122 SECTION 14. Section 9 of said chapter 94C, as so appearing, is hereby further amended
123 by inserting after the word "nurse-midwifery", in line 32, the following words:- , advanced
124 practice nursing.

125 SECTION 15. Section 9 of said chapter 94C, as so appearing, is hereby further amended
126 by inserting after the word "practitioner", in lines 100 and 107, each time it appears, the
127 following words:- , psychiatric nurse mental health clinical specialist.

128 SECTION 16. Chapter 112 of the General Laws is hereby amended by inserting after
129 section 5N the following section:-

130 Section 5O. (a) For the purposes of this section, "telehealth" shall mean the use of
131 synchronous or asynchronous audio, video, electronic media or other telecommunications
132 technology, including, but not limited to, interactive audio-video technology, remote patient
133 monitoring devices, audio-only telephone, and online adaptive interviews, for the purpose of
134 evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical,
135 oral or mental health; provided, however, that "telehealth" shall not include text messaging or
136 text-only email; and provided, further, that prescribing via telehealth shall be limited to the
137 treatment of a condition previously diagnosed during an in-person visit by the telehealth
138 provider, and to the issuance of a one-time prescription to treat the sudden onset of an illness or
139 injury, manifesting itself by acute symptoms.

140 (b) Notwithstanding any provision of this chapter to the contrary, the board shall allow a
141 physician licensed by the board to obtain proxy credentialing and privileging for telehealth
142 services with other health care providers, as defined in section 1 of chapter 111, or facilities that

143 comply with the federal Centers for Medicare and Medicaid Services' conditions of participation
144 for telehealth services.

145 (c) The board shall promulgate regulations regarding the appropriate use of telehealth to
146 provide health care services. These regulations shall provide for and include, but shall not be
147 limited to: (i) services that are not appropriate to provide through telehealth; (ii) establishing a
148 patient-provider relationship; (iii) consumer protections; and (iv) ensuring that services comply
149 with appropriate standards of care.

150 SECTION 17. Section 80B of said chapter 112, as so appearing, is hereby amended by
151 inserting after the word "medications", in line 59, the following words:- , except in regard to the
152 independent practice authority of nurse practitioners and psychiatric nurse mental health clinical
153 specialists to issue written prescriptions and medication orders,.

154 SECTION 18. Said chapter 112 is hereby further amended by striking out section 80E, as
155 so appearing, and inserting in place thereof the following section:-

156 Section 80E. (a) A nurse practitioner or psychiatric nurse mental health clinical specialist
157 may issue written prescriptions and medication orders and order tests and therapeutics pursuant
158 to guidelines mutually developed, agreed upon and signed by the nurse and either a supervising
159 nurse practitioner who has independent practice authority, a supervising psychiatric nurse mental
160 health clinical specialist who has independent practice authority, or a supervising physician, in
161 accordance with regulations promulgated by the board. A prescription issued by a nurse
162 practitioner or psychiatric nurse mental health clinical specialist under this subsection shall
163 include the name of the supervising nurse practitioner who has independent practice authority,
164 the supervising psychiatric nurse mental health clinical specialist who has independent practice

165 authority or the supervising physician with whom the nurse practitioner or psychiatric nurse
166 mental health clinical specialist developed and signed mutually agreed upon guidelines.

167 (b) A nurse practitioner or psychiatric nurse mental health clinical specialist shall have
168 independent practice authority to issue written prescriptions and medication orders and order
169 tests and therapeutics without the supervision described in subsection (a) if the nurse practitioner
170 or psychiatric nurse mental health clinical specialist has completed not less than 2 years of
171 supervised practice following certification from a board-recognized certifying body; provided,
172 however, that supervision of clinical practice shall be conducted by a health care professional
173 who meets the minimum qualification criteria promulgated by the board, which shall include a
174 minimum number of years of independent practice authority.

175 (c) The board may allow a nurse practitioner or psychiatric nurse mental health clinical
176 specialist to exercise such independent practice authority upon satisfactory demonstration of not
177 less than 2 years of alternative professional experience; provided, however, that the board
178 determines that the nurse practitioner or psychiatric nurse mental health clinical specialist has a
179 demonstrated record of safe prescribing and good conduct consistent with professional licensure
180 obligations required by each jurisdiction in which the nurse practitioner or psychiatric nurse
181 mental health clinical specialist has been licensed.

182 (d) The board shall promulgate regulations to implement this section.

183 SECTION 19. Section 80I of said chapter 112, as so appearing, is hereby amended by
184 striking out the second and third sentences.

185 SECTION 20. Chapter 118E of the General Laws is hereby amended by inserting after
186 section 10M the following section:-

187 Section 10N. The division and its contracted health insurers, health plans, health
188 maintenance organizations, behavioral health management firms and third party administrators
189 under contract to a Medicaid managed care organization or primary care clinician plan shall not
190 require an enrollee to obtain a referral from a primary care provider prior to obtaining health care
191 services from an urgent care facility; provided, however, that any urgent care facility providing
192 health care services to an enrollee shall provide the enrollee with names of primary care
193 providers contracted with MassHealth and practicing in the municipality of residence of the
194 enrollee or an adjacent municipality.

195 Any urgent care facility providing health care services to an enrollee shall also notify the
196 division, in a manner to be determined by the division, if the enrollee does not have a designated
197 primary care provider, and the division shall send a notice to the enrollee that shall contain
198 guidance on how to choose a primary care provider.

199 SECTION 21. Section 14A of said chapter 118E, as so appearing, is hereby amended by
200 adding the following paragraph:-

201 In the event that a nursing facility resident who is a MassHealth recipient enters a
202 hospital for treatment related to the 2019 novel coronavirus, also known as COVID-19, the
203 division shall pay to preserve their bed in the nursing facility for a period of up to and including
204 20 days per medical event. The division shall reimburse the nursing facility for the medical leave
205 of absence, which shall include an observation stay in a hospital in excess of 24 hours.

206 SECTION 22. Chapter 118E of the General Laws is hereby amended by adding the
207 following section:-

208 Section 79. (a) For the purposes of this section, the following words shall, unless the
209 context clearly requires otherwise, have the following meanings:

210 "Behavioral health services", care and services for the diagnosis, treatment or
211 management of patients with mental health or substance use disorders.

212 "Chronic disease management", care and services for the management of chronic
213 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
214 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
215 failure, hypertension, history of stroke, and coronary artery disease.

216 "Eligible health care services", primary care services, behavioral health services and
217 chronic disease management when delivered via telehealth to a patient while the patient is
218 located in their place of residence. Eligible health care services shall also include all health care
219 services delivered to a patient via telehealth when the patient is located in a health care facility
220 licensed or certified by the department of public health or the department of mental health or
221 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

222 "Primary care services", services delivered by a primary care provider as defined in
223 section 1 of chapter 111.

224 "Telehealth", the use of synchronous or asynchronous audio, video, electronic media or
225 other telecommunications technology, including, but not limited to: (i) interactive audio-video
226 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
227 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
228 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
229 shall not include text messaging or text-only email; and provided further, that prescribing via

230 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
231 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
232 sudden onset of an illness or injury, manifesting itself by acute symptoms.

233 (b) The division and its contracted health insurers, health plans, health maintenance
234 organizations, behavioral health management firms and third-party administrators under contract
235 to a Medicaid managed care organization, accountable care organization or primary care
236 clinician plan shall provide coverage for eligible health care services via telehealth by a
237 contracted health care provider if: (i) the health care services are covered by way of in-person
238 consultation or delivery, and (ii) the health care services may be appropriately provided through
239 the use of telehealth; provided, however, that Medicaid contracted health insurers, health plans,
240 health maintenance organizations, behavioral health management firms and third-party
241 administrators under contract to a Medicaid managed care organization or primary care clinician
242 plan shall not meet network adequacy through significant reliance on telehealth providers and
243 shall not be considered to have an adequate network if patients are not able to access appropriate
244 in-person services in a timely manner upon request.

245 (c) Coverage for telehealth services may include utilization review, including
246 preauthorization, to determine the appropriateness of telehealth as a means of delivering a health
247 care service; provided, however, that the determination shall be made in the same manner as if
248 the service was delivered in-person. The division, a contracted health insurer, health plan, health
249 maintenance organization, behavioral health management firm or third-party administrators
250 under contract to a Medicaid managed care organization or primary care clinician shall not be
251 required to reimburse a health care provider for a health care service that is not a covered benefit

252 under the plan or reimburse a health care provider not contracted under the plan except as
253 provided for under subclause (i) of clause (4) of subsection (a) of section 6 of chapter 176O.

254 (d) A health care provider shall not be required to document a barrier to an in-person
255 visit, nor shall the type of setting where telehealth services are provided be limited for health
256 care services provided via telehealth, except as provided in the definition of the term "eligible
257 health care services" in subsection (a); provided, however, that a patient may decline receiving
258 services via telehealth in order to receive in-person services.

259 (e) Coverage may include a deductible, copayment or coinsurance requirement for a
260 health care service provided via telehealth as long as the deductible, copayment or coinsurance
261 does not exceed the deductible, copayment or coinsurance applicable to an in-person
262 consultation or in-person delivery of services. The rate of payment for telehealth services
263 provided via interactive audio-video technology and audio-only telephone may be greater than
264 the rate of payment for the same service delivered by other telehealth modalities.

265 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
266 chapter 6D, shall account for the provision of telehealth services to set the global payment
267 amount.

268 (g) The division shall ensure that the rate of payment for in-network providers of
269 behavioral health services delivered via interactive audio-video technology and audio-only
270 telephone shall be no less than the rate of payment for the same behavioral health service
271 delivered via in-person methods.

272 (h) Health care services provided via telehealth shall conform to the standards of care
273 applicable to the telehealth provider's profession and specialty. Such services shall also conform

274 to applicable federal and state health information privacy and security standards as well as
275 standards for informed consent.

276 SECTION 23. Section 47BB of chapter 175 of the General Laws, inserted by section 158
277 of chapter 224 of the acts of 2012, is hereby repealed.

278 SECTION 24. Said chapter 175 is hereby further amended by inserting after section 47II
279 the following section:-

280 Section 47MM. (a) For the purposes of this section, the following words shall, unless the
281 context clearly requires otherwise, have the following meanings:

282 "Behavioral health services", care and services for the diagnosis, treatment or
283 management of patients with mental health or substance use disorders.

284 "Chronic disease management", care and services for the management of chronic
285 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
286 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
287 failure, hypertension, history of stroke and coronary artery disease.

288 "Eligible health care services", primary care services, behavioral health services and
289 chronic disease management when delivered via telehealth to a patient while the patient is
290 located in their place of residence. Eligible health care services shall also include all health care
291 services delivered to a patient via telehealth when the patient is located in a health care facility
292 licensed or certified by the department of public health or the department of mental health or
293 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

294 “Primary care services”, services delivered by a primary care provider as defined in
295 section 1 of chapter 111.

296 “Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or
297 other telecommunications technology, including but not limited to: (i) interactive audio-video
298 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
299 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
300 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
301 shall not include text messaging or text-only email; and provided further, that prescribing via
302 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
303 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
304 sudden onset of an illness or injury, manifesting itself by acute symptoms.

305 (b) An individual policy of accident and sickness insurance issued under section 108 that
306 provides hospital expense and surgical expense insurance and any group blanket or general
307 policy of accident and sickness insurance issued under section 110 that provides hospital expense
308 and surgical expense insurance that is issued or renewed within or without the commonwealth
309 shall provide coverage for eligible health care services via telehealth by a contracted health care
310 provider if: (i) the health care services are covered by way of in-person consultation or delivery,
311 and (ii) the health care services may be appropriately provided through the use of telehealth;
312 provided, however, that an insurer shall not meet network adequacy through significant reliance
313 on telehealth providers and shall not be considered to have an adequate network if patients are
314 not able to access appropriate in-person services in a timely manner upon request.

315 (c) Coverage may include utilization review, including preauthorization, to determine the
316 appropriateness of telehealth as a means of delivering a health care service; provided, however,
317 that the determination shall be made in the same manner as if the service was delivered in-
318 person. A policy, contract, agreement, plan or certificate of insurance issued, delivered or
319 renewed within the commonwealth shall not be required to reimburse a health care provider for a
320 health care service that is not a covered benefit under the plan or reimburse a health care
321 provider not contracted under the plan except as provided for under clause (i) of paragraph (4) of
322 subsection (a) of section 6 of chapter 176O.

323 (d) A health care provider shall not be required to document a barrier to an in-person
324 visit, nor shall the type of setting where telehealth services are provided be limited for health
325 care services provided via telehealth, except as provided in the definition of the term "eligible
326 health care services" in subsection (a) of this section; provided, however, that a patient may
327 decline receiving services via telehealth in order to receive in-person services.

328 (e) A policy, contract, agreement, plan or certificate of insurance issued, delivered or
329 renewed within the commonwealth that provides coverage for telehealth services may include a
330 deductible, copayment or coinsurance requirement for a health care service provided via
331 telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible,
332 copayment or coinsurance applicable to an in-person consultation or in-person delivery of
333 services. The rate of payment for telehealth services provided via interactive audio-video
334 technology may be greater than the rate of payment for the same service delivered by other
335 telehealth modalities.

336 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
337 chapter 6D, shall account for the provision of telehealth services to set the global payment
338 amount.

339 (g) Insurance companies organized under this chapter shall ensure that the rate of
340 payment for in-network providers of behavioral health services delivered via interactive audio-
341 video technology and audio-only telephone shall be no less than the rate of payment for the same
342 behavioral health service delivered via in-person methods.

343 (h) Health care services provided via telehealth shall conform to the standards of care
344 applicable to the telehealth provider's profession and specialty. Such services shall also conform
345 to applicable federal and state health information privacy and security standards as well as
346 standards for informed consent.

347 SECTION 25. Chapter 176A of the General Laws is hereby amended by adding the
348 following section:-

349 Section 38. (a) For the purposes of this section, the following words shall, unless the
350 context clearly requires otherwise, have the following meanings:

351 "Behavioral health services", care and services for the diagnosis, treatment or
352 management of patients with mental health or substance use disorders.

353 "Chronic disease management", care and services for the management of chronic
354 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
355 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
356 failure, hypertension, history of stroke and coronary artery disease.

357 “Eligible health care services”, primary care services, behavioral health services and
358 chronic disease management when delivered via telehealth to a patient while the patient is
359 located in their place of residence. Eligible health care services shall also include all health care
360 services delivered to a patient via telehealth when the patient is located in a health care facility
361 licensed or certified by the department of public health or the department of mental health or
362 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

363 “Primary care services”, services delivered by a primary care provider as defined in
364 section 1 of chapter 111.

365 “Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or
366 other telecommunications technology, including but not limited to: (i) interactive audio-video
367 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
368 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
369 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
370 shall not include text messaging or text-only email, and provided further, that prescribing via
371 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
372 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
373 sudden onset of an illness or injury, manifesting itself by acute symptoms.

374 (b) A contract between a subscriber and a nonprofit hospital service corporation under an
375 individual or group hospital service plan shall provide coverage for eligible health care services
376 via telehealth by a contracted health care provider if: (i) the health care services are covered by
377 way of in-person consultation or delivery, and (ii) the health care services may be appropriately
378 provided through the use of telehealth; provided, however, that an insurer shall not meet network

379 adequacy through significant reliance on telehealth providers and shall not be considered to have
380 an adequate network if patients are not able to access appropriate in-person services in a timely
381 manner upon request.

382 (c) Coverage for telehealth services may include utilization review, including
383 preauthorization, to determine the appropriateness of telehealth as a means of delivering a health
384 care service; provided, however, that the determination shall be made in the same manner as if
385 the service was delivered in-person. A carrier shall not be required to reimburse a health care
386 provider for a health care service that is not a covered benefit under the plan or reimburse a
387 health care provider not contracted under the plan except as provided for under subclause (i) of
388 clause (4) of subsection (a) of section 6 of chapter 176O.

389 (d) A health care provider shall not be required to document a barrier to an in-person
390 visit, nor shall the type of setting where telehealth services are provided be limited for health
391 care services provided via telehealth, except as provided in the definition of the term "eligible
392 health care services" in subsection (a); provided, however, that a patient may decline receiving
393 services via telehealth in order to receive in-person services.

394 (e) Coverage may include a deductible, copayment or coinsurance requirement for a
395 health care service provided via telehealth as long as the deductible, copayment or coinsurance
396 does not exceed the deductible, copayment or coinsurance applicable to an in-person
397 consultation or in-person delivery of services. The rate of payment for telehealth services
398 provided via interactive audio-video technology may be greater than the rate of payment for the
399 same service delivered by other telehealth modalities.

400 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
401 chapter 6D, shall account for the provision of telehealth services to set the global payment
402 amount.

403 (g) Hospital service corporations shall ensure that the rate of payment for in-network
404 providers of behavioral health services delivered via interactive audio-video technology and
405 audio-only telephone shall be no less than the rate of payment for the same behavioral health
406 service delivered via in-person methods.

407 (h) Health care services provided via telehealth shall conform to the standards of care
408 applicable to the telehealth provider's profession and specialty. Such services shall also conform
409 to applicable federal and state health information privacy and security standards as well as
410 standards for informed consent.

411 SECTION 26. Chapter 176B of the General Laws is hereby amended by adding the
412 following section:-

413 Section 25. (a) For the purposes of this section, the following words shall, unless the
414 context clearly requires otherwise, have the following meanings:

415 "Behavioral health services", care and services for the diagnosis, treatment or
416 management of patients with mental health or substance use disorders.

417 "Chronic disease management", care and services for the management of chronic
418 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
419 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
420 failure, hypertension, history of stroke and coronary artery disease.

421 “Eligible health care services”, primary care services, behavioral health services and
422 chronic disease management when delivered via telehealth to a patient while the patient is
423 located in their place of residence. Eligible health care services shall also include all health care
424 services delivered to a patient via telehealth when the patient is located in a health care facility
425 licensed or certified by the department of public health or department of mental health or
426 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

427 “Primary care services”, services delivered by a primary care provider as defined in
428 section 1 of chapter 111.

429 “Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or
430 other telecommunications technology, including but not limited to: (i) interactive audio-video
431 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
432 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
433 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
434 shall not include text messaging or text-only email; and provided further, that prescribing via
435 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
436 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
437 sudden onset of an illness or injury, manifesting itself by acute symptoms.

438 (b) A contract between a subscriber and a medical service corporation shall provide
439 coverage for eligible health care services via telehealth by a contracted health care provider if: (i)
440 the health care services are covered by way of in-person consultation or delivery and (ii) the
441 health care services may be appropriately provided through the use of telehealth; provided,
442 however, that an insurer shall not meet network adequacy through significant reliance on

443 telehealth providers and shall not be considered to have an adequate network if patients are not
444 able to access appropriate in-person services in a timely manner upon request.

445 (c) Coverage may include utilization review, including preauthorization, to determine the
446 appropriateness of telehealth as a means of delivering a health care service; provided, however,
447 that the determination shall be made in the same manner as if the service was delivered in-
448 person. A carrier shall not be required to reimburse a health care provider for a health care
449 service that is not a covered benefit under the plan or reimburse a health care provider not
450 contracted under the plan except as provided for under subclause (i) of clause (4) of subsection
451 (a) of section 6 of chapter 176O.

452 (d) A health care provider shall not be required to document a barrier to an in-person
453 visit, nor shall the type of setting where telehealth services are provided be limited for health
454 care services provided via telehealth, except as provided in the definition of the term "eligible
455 health care services" in subsection (a); provided, however, that a patient may decline receiving
456 services via telehealth in order to receive in-person services.

457 (e) A contract that provides coverage for telehealth services may contain a provision for a
458 deductible, copayment or coinsurance requirement for a health care service provided via
459 telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible,
460 copayment or coinsurance applicable to an in-person consultation or in-person delivery of
461 services. The rate of payment for telehealth services provided via interactive audio-video
462 technology may be greater than the rate of payment for the same service delivered by other
463 telehealth modalities.

464 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
465 chapter 6D, shall account for the provision of telehealth services to set the global payment
466 amount.

467 (g) Medical service corporations shall ensure that the rate of payment for in-network
468 providers of behavioral health services delivered via interactive audio-video technology and
469 audio-only telephone shall be no less than the rate of payment for the same behavioral health
470 service delivered via in-person methods.

471 (h) Health care services provided via telehealth shall conform to the standards of care
472 applicable to the telehealth provider's profession and specialty. Such services shall also conform
473 to applicable federal and state health information privacy and security standards as well as
474 standards for informed consent.

475 SECTION 27. Chapter 176G of the General Laws is hereby amended by adding the
476 following section:-

477 Section 33. (a) For the purposes of this section, the following words shall, unless the
478 context clearly requires otherwise, have the following meanings:

479 "Behavioral health services", care and services for the diagnosis, treatment, or
480 management of patients with mental health or substance use disorders.

481 "Chronic disease management", care and services for the management of chronic
482 conditions, as defined by the federal Centers for Medicare and Medicaid Services, which include,
483 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
484 failure, hypertension, history of stroke, and coronary artery disease.

485 “Eligible health care services”, primary care services, behavioral health services, and
486 chronic disease management when delivered via telehealth to a patient while the patient is
487 located in their place of residence. The term also includes all health care services delivered to a
488 patient via telehealth when the patient is located in a health care facility licensed or certified by
489 the department of public health or department of mental health or otherwise in the physical
490 presence of a health care professional licensed under chapter 112.

491 “Primary care services”, services delivered by primary care providers as defined in
492 section 1 of chapter 111.

493 “Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or
494 other telecommunications technology, including, but not limited to: (i) interactive audio-video
495 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
496 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating,
497 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
498 shall not include text messaging or text-only email, and provided further, that prescribing via
499 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
500 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
501 sudden onset of an illness or injury, manifesting itself by acute symptoms.

502 (b) A contract between a member and a health maintenance organization shall provide
503 coverage for eligible health care services via telehealth by a contracted health care provider if: (i)
504 the health care services are covered by way of in-person consultation or delivery, and (ii) the
505 health care services may be appropriately provided through the use of telehealth; provided,
506 however, that an insurer shall not meet network adequacy through significant reliance on

507 telehealth providers and shall not be considered to have an adequate network if patients are not
508 able to access appropriate in-person services in a timely manner upon request.

509 (c) Coverage may include utilization review, including preauthorization, to determine the
510 appropriateness of telehealth as a means of delivering a health care service; provided, however,
511 that the determination shall be made in the same manner as if the service was delivered in-
512 person. A carrier shall not be required to reimburse a health care provider for a health care
513 service that is not a covered benefit under the plan or reimburse a health care provider not
514 contracted under the plan except as provided for under clause (i) of paragraph (4) of subsection
515 (a) of section 6 of chapter 176O.

516 (d) A health care provider shall not be required to document a barrier to an in-person
517 visit, nor shall the type of setting where telehealth services are provided be limited for health
518 care services provided via telehealth, except as provided in the definition of the term "eligible
519 health care services" in subsection (a) of this section; provided, however, that a patient may
520 decline receiving services via telehealth in order to receive in-person services.

521 (e) Coverage may include a deductible, copayment or coinsurance requirement for a
522 health care service provided via telehealth as long as the deductible, copayment or coinsurance
523 does not exceed the deductible, copayment or coinsurance applicable to an in-person
524 consultation or in-person delivery of services. The rate of payment for telehealth services
525 provided via interactive audio-video technology may be greater than the rate of payment for the
526 same service delivered by other telehealth modalities.

527 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
528 chapter 6D, shall account for the provision of telehealth services to set the global payment
529 amount.

530 (g) Health maintenance organizations shall ensure that the rate of payment for in-network
531 providers of behavioral health services delivered via interactive audio-video technology and
532 audio-only telephone shall be no less than the rate of payment for the same behavioral health
533 service delivered via in-person methods.

534 (h) Health care services provided via telehealth shall conform to the standards of care
535 applicable to the telehealth provider’s profession and specialty. Such services shall also conform
536 to applicable federal and state health information privacy and security standards as well as
537 standards for informed consent.

538 SECTION 28. Chapter 176I of the General Laws is hereby amended by adding the
539 following section:-

540 Section 13. (a) For the purposes of this section, the following words shall, unless the
541 context clearly requires otherwise, have the following meanings:

542 “Behavioral health services”, care and services for the diagnosis, treatment, or
543 management of patients with mental health or substance use disorders.

544 “Chronic disease management”, care and services for the management of chronic
545 conditions, as defined by the federal Centers for Medicare and Medicaid Services, that include,
546 but are not limited to, diabetes, chronic obstructive pulmonary disease, asthma, congestive heart
547 failure, hypertension, history of stroke and coronary artery disease.

548 “Eligible health care services”, primary care services, behavioral health services and
549 chronic disease management when delivered via telehealth to a patient while the patient is
550 located in their place of residence. Eligible health care services shall also include all health care
551 services delivered to a patient via telehealth when the patient is located in a health care facility
552 licensed or certified by the department of public health or the department of mental health or
553 otherwise in the physical presence of a health care professional licensed pursuant to chapter 112.

554 “Primary care services”, services delivered by a primary care provider as defined in
555 section 1 of chapter 111.

556 “Telehealth”, the use of synchronous or asynchronous audio, video, electronic media or
557 other telecommunications technology, including but not limited to: (i) interactive audio-video
558 technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online
559 adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating
560 or monitoring of a patient's physical, oral or mental health; provided, however, that telehealth
561 shall not include text messaging or text-only email; and provided further, that prescribing via
562 telehealth shall be limited to the treatment of a condition previously diagnosed during an in-
563 person visit by the telehealth provider, and to the issuance of a one-time prescription to treat the
564 sudden onset of an illness or injury, manifesting itself by acute symptoms.

565 (b) A preferred provider contract between a covered person and an organization shall
566 provide coverage for eligible health care services via telehealth by a contracted health care
567 provider if: (i) the health care services are covered by way of in-person consultation or delivery
568 and (ii) the health care services may be appropriately provided through the use of telehealth;
569 provided, however, that an insurer shall not meet network adequacy through significant reliance

570 on telehealth providers and shall not be considered to have an adequate network if patients are
571 not able to access appropriate in-person services in a timely manner upon request.

572 (c) Coverage may include utilization review, including preauthorization, to determine the
573 appropriateness of telehealth as a means of delivering a health care service; provided, however,
574 that the determination shall be made in the same manner as if the service was delivered in-
575 person. Coverage for telehealth services shall not be required to reimburse a health care provider
576 for a health care service that is not a covered benefit under the plan or reimburse a health care
577 provider not contracted under the plan except as provided for under subclause (i) of clause (4) of
578 subsection (a) of section 6 of chapter 176O.

579 (d) A health care provider shall not be required to document a barrier to an in-person
580 visit, nor shall the type of setting where telehealth services are provided be limited for health
581 care services provided via telehealth, except as provided in the definition of the term "eligible
582 health care services" in subsection (a); provided, however, that a patient may decline receiving
583 services via telehealth in order to receive in-person services.

584 (e) Coverage may include a deductible, copayment or coinsurance requirement for a
585 health care service provided via telehealth as long as the deductible, copayment or coinsurance
586 does not exceed the deductible, copayment or coinsurance applicable to an in-person
587 consultation or in-person delivery of services. The rate of payment for telehealth services
588 provided via interactive audio-video technology may be greater than the rate of payment for the
589 same service delivered by other telehealth modalities.

590 (f) Coverage that reimburses a provider with a global payment, as defined in section 1 of
591 chapter 6D, shall account for the provision of telehealth services to set the global payment
592 amount.

593 (g) Organizations shall ensure that the rate of payment for in-network providers of
594 behavioral health services delivered via interactive audio-video technology and audio-only
595 telephone shall be no less than the rate of payment for the same behavioral health service
596 delivered via in-person methods.

597 (h) Health care services provided via telehealth shall conform to the standards of care
598 applicable to the telehealth provider's profession and specialty. Such services shall also conform
599 to applicable federal and state health information privacy and security standards as well as
600 standards for informed consent.

601 SECTION 29. Notwithstanding any general or special law to the contrary, the health
602 policy commission, in consultation with the center for health information and analysis, shall
603 report on the use of telehealth services in the commonwealth and the effect of telehealth on
604 health care access and system cost.

605 The report shall include, but not be limited to: (i) an analysis of the use of telehealth
606 services by patient demographics, geographic region and type of service; (ii) total health care
607 expenditures on telehealth services by type of service and type of telecommunication technology
608 used; (iii) any barriers to increased use of telehealth services, including cost and availability of
609 technology infrastructure for health care providers and patients with limited access to
610 technology; (iv) the estimated aggregate savings or additional costs of telehealth on total health
611 care expenditures, including the impact on insurance premiums; (v) recommendations on the

612 appropriate relationship of reimbursement rates for services provided via telehealth, including
613 facility fees, compared to comparable in-person services in order to maximize health care access
614 and public health outcomes and limit health care cost growth; and (vi) recommendations on
615 additional health care services that may be delivered to a patient via telehealth while the patient
616 is located in their place of residence, which shall take into consideration which telehealth
617 modalities are most appropriate for the delivery of the health care service.

618 The report shall be submitted to the joint committee on health care financing and the
619 house and senate committees on ways and means not later than December 31, 2022.

620 SECTION 30. (a) Notwithstanding any general or special law to the contrary, the
621 secretary of health and human services shall direct monthly payments to eligible hospitals in the
622 form of enhanced Medicaid payments, supplemental payments or other appropriate mechanism.
623 Each payment made to an eligible hospital shall equal 5 per cent of the eligible hospital's
624 average monthly Medicaid payments, as determined by the secretary, for inpatient and outpatient
625 acute hospital services for the preceding year or the most recent year for which data is available;
626 provided, however, that such enhanced Medicaid payments shall not be used in subsequent years
627 by the secretary to calculate an eligible hospital's average monthly payment; and provided,
628 further, that such payments shall not offset existing Medicaid payments for which an eligible
629 hospital may be qualified to receive.

630 (b) The secretary may require as a condition of receiving payment any such reasonable
631 condition of payment that the secretary determines necessary to ensure the availability, to the
632 extent possible, of federal financial participation for the payments, and the secretary may incur

633 expenses and the comptroller may certify amounts for payment in anticipation of expected
634 receipt of federal financial participation for the payments.

635 (c) The executive office of health and human services may promulgate regulations as
636 necessary to carry out this section.

637 (d) For the purposes of this section "eligible hospital" shall mean a non-profit or
638 municipal acute care hospital licensed under section 51 of chapter 111 that: (i) has a statewide
639 relative price less than 0.90, as calculated by the center for health information and analysis
640 pursuant to section 10 of chapter 12C according to data from the most recent available year; (ii)
641 that has a public payer mix equal to or greater than 60 per cent, as calculated by the center for
642 health information and analysis according to data from the most recent available year; and (iii)
643 that is not owned, financially consolidated, or corporately affiliated with a provider organization,
644 as defined by section 1 of chapter 6D, that (1) owns or controls 2 or more acute care hospitals
645 licensed under section 51 of chapter 111, and (2) the total net assets of all affiliated acute care
646 hospitals within the provider organization is greater than $600,000,000, as calculated by the
647 center for health information and analysis according to data from the most recent available year.

648 (e) For the purposes of subsection (d), a hospital's mere clinical affiliation with a
649 provider organization, absent ownership, financial consolidation or corporate affiliation, shall not
650 be construed to disqualify an eligible hospital from payments authorized under this section.

651 SECTION 31. For the purposes of section 30 of chapter 32A, section 79 of chapter 118E,
652 section 47MM of chapter 175, section 38 of chapter 176A, section 25 of chapter 176B, section
653 33 of chapter 176G and section 13 of chapter 176I of the General Laws, network adequacy may

654 be met through significant reliance on telehealth providers until the termination of the governor's
655 March 10, 2020 declaration of a state of emergency.

656 SECTION 32. Notwithstanding any general or special law to the contrary, the group
657 insurance commission under chapter 32A of the General Laws, the division of medical assistance
658 under chapter 118E of the General Laws, insurance companies organized under chapter 175 of
659 the General Laws, hospital service corporations organized under chapter 176A of the General
660 Laws, medical service corporations organized under chapter 176B of the General Laws, health
661 maintenance organizations organized under chapter 176G of the General Laws and preferred
662 provider organizations organized under chapter 176I of the General Laws shall ensure that rates
663 of payment for in-network providers for telehealth services provided pursuant to section 30 of
664 said chapter 32A, section 79 of said chapter 118E, section 47MM of said chapter 175, section 38
665 of said chapter 176A, section 25 of said chapter 176B, section 33 of said chapter 176G and
666 section 13 of said chapter 176I are not less than the rate of payment for the same service
667 delivered via in-person methods.

668 SECTION 33. Notwithstanding any general or special law to the contrary, all temporary
669 licenses issued to physicians by the board of registration in medicine pursuant to the governor's
670 March 17, 2020 Order Expanding Access to Physician Services, and to other health care
671 providers from their respective boards of registration pursuant to the commissioner of public
672 health's April 3, 2020 Order Rescinding and Replacing the March 29, 2020 Order of the
673 Commissioner of Public Health Maximizing Health Care Provider Availability, shall expire on
674 December 31, 2021.

675 For the purposes of this section, the term “health care providers” shall include registered
676 nurses, licensed practical nurses, advanced practice registered nurses, dentists, dental hygienists,
677 dental assistants, pharmacists, pharmacy technicians, nursing home administrators, physician
678 assistants, respiratory therapists, perfusionists, genetic counselors, community health workers,
679 emergency medical technicians, social workers, psychologists, marriage and family therapists,
680 licensed mental health counselors, rehabilitation counselors, applied behavior analysts, assistant
681 behavior analysts, licensed school psychologists, licensed alcohol and drug counselors,
682 radiologic technologists, radiologist assistants and nuclear medicine advanced associates.

683 SECTION 34. Any coverage offered by the group insurance commission pursuant to
684 chapter 32A of the General Laws, the division of medical assistance and its contracted health
685 insurers, health plans, health maintenance organizations, behavioral health management firms
686 and third-party administrators under contract to a Medicaid managed care organization or
687 primary care clinician plan under chapter 118E of the General Laws, any individual policy of
688 accident or sickness insurance issued under chapter 175 of the General Laws, any contract
689 between a subscriber and a corporation under an individual group or hospital service plan under
690 chapter 176A of the General Laws; any subscription certificate under an individual or group
691 medical service agreement delivered, issued or renewed within the commonwealth under chapter
692 176B of the General Laws, any individual or group health maintenance contract under chapter
693 176G of the General Laws, and any preferred provider contract between a covered person and an
694 organization under chapter 176I of the General Laws, shall provide coverage, without any
695 requirement of cost sharing by the insured, for all emergency and inpatient services, including all
696 professional, diagnostic and laboratory services, related to the 2019 novel coronavirus, also
697 known as COVID-19, at both in-network and out-of-network providers.

698 SECTION 35. (a) For the purposes of this section, the following terms shall, unless the
699 context clearly requires otherwise, have the following meanings:

700 "Carrier", as defined in section 1 of chapter 176O of the General Laws.

701 "Emergency services", as defined in section 1 of chapter 6D of the General Laws.

702 "In-network contracted rate", the rate contracted between an insured's carrier and a
703 network provider for the reimbursement of health care services delivered by that network
704 provider to the insured.

705 "In-network cost-sharing amount", the cost-sharing amount that the insured is required to
706 pay for a covered health care service received from a network provider. Cost sharing includes
707 any copayment, coinsurance or deductible, or any other form of cost sharing paid by the insured
708 other than premium or share of premium.

709 "Inpatient services", health care services requiring at least 1 overnight stay, provided to
710 patients on an elective, urgent or emergency basis.

711 "Network provider", a participating provider who, under a contract with the carrier or
712 with its contractor or subcontractor, has agreed to provide health care services to insureds
713 enrolled in any or all of the carrier's network plans, policies, contracts or other arrangements.

714 "Out-of-network provider", a provider, other than a person licensed under chapter 111C
715 of the General Laws, that does not participate in the network of an insured's health benefit plan
716 because: (i) the provider contracts with a carrier to participate in the carrier's network but does
717 not contract as a participating provider for the specific health benefit plan to which an insured is

718 enrolled; or (ii) the provider does not contract with a carrier to participate in any of the carrier's
719 network plans, policies, contracts or other arrangements.

720 (b) When an out-of-network provider renders emergency services to an insured and such
721 out-of-network provider is a member of an insured’s carrier’s network but not a network
722 provider in the insured’s health benefit plan, a carrier shall pay such out-of-network provider the
723 in-network contracted rate for each delivered service; provided, however, that such payment
724 shall constitute payment in full and the out-of-network provider shall not bill the insured for any
725 amount except for any in-network cost sharing amount owed for such service or services under
726 the terms of the insured’s health benefit plan.

727 (c) When an out-of-network provider does not contract with a carrier and such out-of-
728 network provider renders emergency services to an insured, a carrier shall pay such out-of-
729 network provider 135 per cent of the Medicare rate for that service; provided, however, that such
730 payment shall constitute payment in full to the out-of-network provider. The out-of-network
731 provider shall not bill the insured except for any applicable copayment, coinsurance or
732 deductible that would be owed if the insured received such service or services from a network
733 provider under the terms of the insured’s health benefit plan.

734 (d) When an out-of-network provider renders inpatient services on an emergency basis to
735 an insured, the carrier shall pay that provider 135 per cent of the Medicare rate for that service.
736 Such payment shall constitute payment in full to the out-of-network provider. The out-of-
737 network provider shall not bill the insured except for any inpatient cost sharing under the terms
738 of the insured’s health benefit plan.

739 (e) At the time of payment by a carrier to an out-of-network provider, a carrier shall
740 inform the insured and the out-of-network provider of the in-network cost-sharing amount owed
741 by the insured.

742 (f) If a carrier delegates payment functions to a contracted entity, including, but not
743 limited to, a medical group or independent practice association, the delegated entity shall comply
744 with this section.

745 (g) Nothing in this section shall require a carrier to pay for health care services delivered
746 to an insured that are not covered benefits under the terms of the insured's health benefit plan.

747 SECTION 36. Sections 32, 34, and 35 are hereby repealed.

748 SECTION 37. Section 36 shall take effect on July 31, 2021.";

749 by striking out the title and inserting in place thereof the following title: "An Act to
750 promote resilience in our health care system".