

SENATE No. 2312

The Commonwealth of Massachusetts

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In the Year Two Thousand Fourteen
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SENATE, Wednesday, July 30, 2014

The committee on Health Care Financing, to whom was referred the petition (accompanied by bill, Senate, No. 530) of Mark C. Montigny, Daniel B. Winslow and Denise Andrews for legislation to fully apply telemedicine coverage,- reports the accompanying bill (Senate, No. 2312).

For the committee,
James T. Welch

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An Act relative to full application of telemedicine coverage.

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

1 SECTION 1. There shall be a special commission to review the use of telemedicine in
2 the commonwealth. The commission shall consist of 9 members: 1 of whom shall be the
3 secretary of health and human services, or a designee, who shall serve as chair; 1 of whom shall
4 be the commissioner of insurance or a designee; 1 of whom shall be the executive director of the
5 health policy commission, or a designee; 1 of whom shall be the commissioner of the group
6 insurance commission; and 5 of whom shall be appointed by the governor, 1 of whom shall be a
7 representative of hospitals; 1 of whom shall be a representative of physicians; 1 of whom shall be
8 a representative of health care consumers; 1 of whom shall be an expert in telemedicine; and 1 of
9 whom shall be a representative of health insurance carriers.

10 The commission shall make an investigation and study of the practice of telemedicine in
11 the commonwealth or provision of health care services to Massachusetts residents by out-of-state
12 health care providers, which shall include, without limitation, a review of issues relating to
13 licensure or registration of such providers in the commonwealth, billing and reimbursement,
14 patient cost-sharing, liability and the ability of Massachusetts consumers to bring malpractice

15 claims, the ability of such providers to maintain electronic health records systems that are
16 compatible and interoperable with the Massachusetts health information exchange and
17 compliance by such providers with meaningful use standards.

18 The commission shall also make an investigation and study of the cost reduction potential
19 of telemedicine including any evidence and extent of cost reductions for various kinds of
20 telemedicine such as use of live video, store and forward review of diagnostic tests and remote
21 monitoring, the types and amounts of cost savings that may be achieved, whether telemedicine
22 services should be reimbursed at a rates different from those applying to comparable in person
23 health care services, a review of existing private payer rates for telemedicine services and any
24 additional fees or costs that may be incurred in connection with telemedicine services.

25 The commission shall also make and investigation and study of the effect of various types
26 of telemedicine on the quality of care and the potential uses of telemedicine to improve the
27 quality of care.

28 The commission shall also make and investigation and study of the what types of
29 telemedicine services are or should be reimbursable by carriers, the extent of Medicare coverage
30 of telemedicine and the extent to which the scope of reimbursable services should be extended
31 beyond those covered by Medicare, any potential requirements that health insurance carriers
32 provide the same coverage for telemedicine services as for face-to-face health care services and
33 the use of and appropriate reimbursement for remote monitoring of patients.

34 To conduct its review and analysis, the commission may contract with an outside
35 organization with expertise in telemedicine.

36 The commission shall file a report of its findings and recommendations, together with
37 drafts of legislation, if any, necessary to carry out its recommendations by filing the report with
38 the clerks of the house of representatives and the senate who shall forward a copy of the report to
39 the house and senate committees on ways and means and the joint committee on health care
40 financing not later than December 31, 2015.