

Telehealth Task Force

Meeting Minutes
January 14, 2026
9:30 - 11:00 am

Date of meeting: Wednesday, January 14, 2026
Start time: 9:30 am
End time: 11:00 am
Location: Virtual Meeting (Zoom)

Member Votes		Present	Vote 1*	Vote 2*
1	Joanne Marqusee – Executive Office of Health and Human Services (EOHHS) (<i>Chair</i>)	X	X	X
2	Vita Berg – Board of Registration in Medicine (BORIM)	X	X	X
3	Philip Ciampa – Atrius Health	X	X	X
4	Adam Delmolino – Massachusetts Health & Hospital Association (MHA)	X	X	X
5	Zandra Kelley – Greater Lawrence Family Health Center	X	X	X
6	David Martin – Office of Consumer Affairs and Business Regulation (OCABR)	X	X	X
7	Martha Ryan – Department of Mental Health (DMH)	-	-	-
8	Kara Vidal – Health Policy Commission (HPC)	X	X	X
9	Jess Zeidman – Department of Public Health (DPH)	X	X	X

* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

Proceedings

Assistant Secretary Marqusee called the meeting to order at 9:30 am. She welcomed members and reminded them that the Task Force meeting is subject to the Open Meeting Law (OML) and that all votes taken during the meeting would be conducted via roll call.

Vote 1 to approve the 11/12/2025 minutes: Assistant Secretary Marqusee called for a vote to approve the minutes from the Task Force’s previous meeting on 11/12/2025. Adam Delmolino introduced the motion, which was seconded by Vita Berg and approved by roll-call vote (see detailed record of votes above).

Assistant Secretary Marqusee summarized the previous meeting’s presentations, noting the difference in interpretation that certain states have versus others about the Interstate Medical Licensure Compact’s (IMLC) requirements on disciplinary actions.

Patricia Yu, Director of Workforce with EOHHS, reviewed the Task Force's charge, noting the Task Force's focus on physicians' pathways to licensure and the practice of telemedicine across state lines leading to improved continuity of care. She emphasized that topics like payment parity, non-physician pathways to licensure, and recruitment of physicians were outside the scope of the Task Force. Adam Delmolino added that in its report, the Task Force could consider recommending a menu of options to the Legislature, eg, the IMLC, regional approaches, tele-registries, rather than simply putting forth a binary choice, such as whether or not to participate in the Compact.

Vita Berg, General Counsel with the Massachusetts Board of Registration in Medicine (BORIM), presented on BORIM's license application process, eligibility requirements, and disciplinary procedures. She noted that in their review of applications, BORIM considers adverse history broadly and makes a case-by-case recommendation by its Licensing Committee as to whether the license should be approved or denied. She contrasted that approach with that of the IMLC, which takes a more stringent disqualification approach to adverse history that in some instances could lead to an automatic bar of a physician's license. She noted that under BORIM's current procedures as a non-IMLC state, the Board retains a certain level of discretion with regard to disciplinary actions taken by other states against Massachusetts-based physicians, ie, BORIM would not automatically suspend the license of a Massachusetts-based physician upon learning that another state's licensing board has imposed a disciplinary action against that physician licensed by BORIM. During the presentation, members noted that it was unclear how physicians would be impacted should they have to report that their licenses had at one point been revoked. For additional details, refer to the BORIM presentation on the Task Force's [Meeting Materials webpage](#).

Marschall Smith, Executive Director of the Interstate Medical Licensure Compact Commission (IMLCC), joined the discussion, clarifying the point that there the Compact is simply an alternative pathway to obtaining a medical license and does not grant a separate type of license. He noted that the IMLCC does not issue licenses; state boards of medical licensure retain that responsibility. He explained the distinction between determinations and disciplinary actions taken by a state board versus investigations, which a state can choose to participate in at their own discretion. He also clarified that states retain the ability to offer physicians who obtained their licenses through the Compact the ability to convert their licenses through the state's traditional pathway, thereby "protecting" themselves from actions by other state boards of licensure. He also offered the example of OBGYNs performing women's reproductive healthcare who may be better suited to pursue their license through their state's traditional pathway rather than through the Compact.

In response to the presentation, members raised questions about the pragmatic costs of a state board participating in the Compact and that umbrella terms like "gender-affirming care" can be viewed quite broadly, even applying to physicians providing referrals to specialists or those providing care to patients for secondary conditions after they had previously received gender-affirming care.

In closing, Assistant Secretary Marqusee invited Marschall Smith to return for the Task Force's next meeting on February 11 and requested that members share any specific questions or scenarios they would like him to address in his presentation.

Vote 2 to adjourn the meeting: Assistant Secretary Marqusee requested a motion to adjourn the meeting. David Martin introduced the motion, which was seconded by Adam Delmolino and approved by roll-call vote (see detailed record of votes above).

The meeting was adjourned at 11:00 am.

Meeting Materials

1. Draft 11/12/2025 Meeting Minutes
2. BORIM presentation