

February 28, 2017

George Zachos

Executive Director

Board of Registration in Medicine

200 Harvard Mills Square, Suite 330

Wakefield, MA 01880

Dear Executive Director Zachos:

The Massachusetts Telemedicine Coalition (*t*MED), which is comprised of 27 healthcare provider, consumer, and technology organizations, appreciates the opportunity to submit written comments regarding the Board of Registration in Medicine’s proposed changes to its regulations.

In particular, we wish to commend the Board for recognizing the importance of streamlining the credentialing process for telemedicine services by including a new provision within 243 CMR 3.05(3)(k) that allows licensed providers to follow the Medicare telemedicine requirements. The reduction of administrative burdens that impede the ability of healthcare providers to provide telemedicine services is critically important to the *t*MED Coalition.

In addition, we would encourage you to consider additional changes to these proposed regulations since, as drafted, these regulations would only permit the use of telemedicine within hospitals or nursing homes. There are multiple settings where telemedicine can take place, given new changes in technology and these regulations should recognize these settings. Moreover, we believe that these regulations additionally need clarification and should include a general definition of telemedicine, as there is no determination of the type of technology and services that may be utilized by healthcare providers in the state. We have suggested a definition of telemedicine below that we believe is tailored to allow for various opportunities to flourish while at the same time ruling out the use of technologies that provide no value to the evaluation, diagnosis and treatment of patients.

There are numerous studies that have shown that increased access to telemedicine services in all levels of care will advance quality, reduce healthcare costs, and save patients time and resources spent on seeking care. In addition, the Administration and the Legislature continue to promote the use of integrated care delivery models that focus on promoting an efficient, high-quality, health care delivery system that delivers coordinated, patient-centered health care. Telemedicine is a tool that can be utilized as part of these care delivery models and *t*MED’s proposed changes to these regulations can foster the patient-centered care that is the goal of the Commonwealth.

As a result, the *t*MED Coalition strongly urges the Board to revise its proposed regulation by replacing 243 CMR 3.05(3) (k) with the following:

*243 CMR 3.05(4): Licensees may follow the requirements of the Centers for Medicare and Medicaid Conditions of Participation, 42 CFR §§ 482.12 and 482.22, to obtain proxy credentialing and privileging to provide telemedicine services from a distant site to a patient receiving services from a healthcare provider. Telemedicine shall mean the use of synchronous or asynchronous audio, video or other electronic media for the purpose of diagnosis, consultation, prescribing, and treatment of a patient's physical, oral and mental health care that meets applicable health information privacy and security standards similar to those provided during an in-person visit. Telemedicine shall not include audio-only telephone or facsimile machine communications, but may include an online adaptive interview. Telemedicine may also include text only email when it occurs for the purpose of patient management in the context of a pre-existing physician patient relationship. For the purposes of this paragraph, nothing herein shall modify any requirements for Massachusetts licensure for individual providers delivering services through telemedicine services to consumers in the Commonwealth; provided further, that this paragraph shall not change the prevailing standard of care for healthcare services delivered through telemedicine.*

This change would allow the appropriate use of telemedicine by any licensee in various levels of care (no longer limited to hospitals and nursing homes) and would also apply an appropriate and measured approach to defining how telemedicine may be utilized in the state that does not seek to modify licensure requirements for healthcare providers nor change the prevailing standard of care for healthcare services. By adopting our language provided above, the Board has a unique opportunity to advance and support the use critical technologies in medicine that will improve care for all patients (regardless of whether they live in rural or urban areas) and ensure convenient access to all levels of healthcare services (including but not limited to primary care providers, specialists, and behavioral health clinicians).

Should you have any questions about our comments, please do not hesitate to contact Adam Delmolino, Director of State Government Advocacy at the Massachusetts Health & Hospital Association at [adelmolino@mhalink.org](mailto:adelmolino@mhalink.org) or (781) 262-6030).

Sincerely,

*t*MED – The Massachusetts Telemedicine Coalition

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MA Family Planning Association

 