

Testimony of 20 Groups and Providers on Telehealth  
Before the Human Services Committee  
Tuesday, February 23, 2021  
10:00 a.m.

The following 20 groups and providers appreciate this opportunity to submit testimony in support of changing the Connecticut law to allow permanent access to telehealth services. Telehealth uses technology to connect patients to a wide variety of vital healthcare services and increases access to primary care physicians, specialists, and other providers for patients in need of both physical and behavioral health services.

As you are aware, the COVID- 19 pandemic brought the need of telehealth services to the forefront. Although the pandemic was the catalyst for these changes, experience demonstrates that telehealth is, and should be, an essential method for delivering healthcare services, even after the public health emergency ends; the pandemic highlighted the value of this tool in increasing patient access to health services.

Telehealth is one way to facilitate patient and clinician contact in support of diagnosis and treatment, behavioral health and rehabilitative therapy, as well as routine monitoring, advice, reminders, and education. Telehealth helps ensure that options are available for patients to receive the right care, at the right place, at the right time.

Patient care will be improved by retaining the significant expansion in coverage for telehealth services and flexibility in the provision of telehealth services that public and private payers introduced in response to the pandemic. We support:

- Permanently increasing access to telehealth services and the development of a robust telehealth system, guided by the following principles: Medical and behavioral health services delivered through telehealth should be reimbursed by Medicare, Medicaid, and private payers (both fully insured and self-insured) on par with the same service if rendered in person. While we would like to see telehealth access remain permanent, should the legislature be considering a sunset of the telehealth practices, we would urge that there be a collection of data and review of the outcomes of using telehealth. Additionally, we would respectfully oppose any sunset date occurring in the middle of a legislative session, and ask that the legislature look to June 30, 2023, should they not make telehealth statutes permanent.

- Allowing all providers to utilize the full range of telehealth modalities, as clinically appropriate;
- Reimbursing for the full range of telehealth modalities including: (a) Synchronous: Real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer, and sometimes peripheral medical equipment (e.g., digital stethoscopes, otoscopes), (b) Asynchronous: “Store and forward” technology where messages, images, or data are collected at one point in time and interpreted or responded to later; and (c) Remote patient monitoring: Direct transmission of a patient’s clinical measurements from a distance (may or may not be in real time) to their healthcare provider;
- Ensuring that payers and health plans do not limit coverage for telehealth services to their own telehealth networks, programs or systems;
- Permitting coverage for the full range of medical and behavioral health services for new and established patients including, but not limited to, medical office visits, behavioral health, rehabilitative therapies, home health, and hospital outpatient and inpatient services;
- Providing broad flexibility and coverage with respect to where both the patient is located at the time of service (originating site), whether at home or in a community or facility-based setting, and where the physician or other practitioner who provides the service is located (distant site);
- Adjusting prescribing authority to fully enable telehealth to the maximum level allowed by federal law;
- Complying with all prescription monitoring programs
- Allowing providers, in consultation with their patients, to decide when telehealth is appropriate for a given patient encounter; and
- Permitting providers with a valid license in a state hosting the distant site to deliver telehealth services, consistent with the scope of practice of their license, to an established patient in a state hosting the originating site, provided both states support the reciprocal arrangement.

Thank you for your consideration and time on this important issue.

Sincerely,

Association of Connecticut Ambulance Providers (ACAP)  
 Community Health Center Association of Connecticut  
 Community Health Center, Inc.  
 Connecticut Assisted Living Association (CALA)  
 Connecticut Association for Healthcare at Home  
 Connecticut Association for Marriage & Family Therapy  
 Connecticut Association of Health Care Facilities

Connecticut Association of Optometrists  
Connecticut Center for Assisted Living  
Connecticut Chiropractic Association  
Connecticut Conference of Independent Colleges  
Connecticut Counseling Association  
Connecticut Hospital Association  
Connecticut Medical Group  
Connecticut Naturopathic Physicians Association  
Connecticut Psychological Association  
Connecticut Podiatric Medical Association  
Connecticut Radiological Society  
Connecticut Respiratory Care Therapists  
LeadingAge Connecticut