



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
MONDAY, FEBRUARY 23, 2015**

**SB 246, An Act Defining And Establishing Standards For The Practice Of  
Telemedicine**

**SB 467, An Act Concerning The Facilitation Of Telemedicine**

**HB 6487, An Act Concerning Standards For Telemedicine Services**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 246, An Act Defining And Establishing Standards For The Practice Of Telemedicine, SB 467, An Act Concerning The Facilitation Of Telemedicine, and HB 6487, An Act Concerning Standards For Telemedicine Services.** With clarifying changes, CHA supports these bills.

Before commenting on the bills, it's important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

SB 246, SB 467, and HB 6487 are intended to enhance non-emergent, physician office-setting interactions with patients to improve healthcare access and outcomes using telemedicine. CHA applauds the goal of these bills, but seeks to have clarifications made to avoid the potential unintended effect of reducing the current necessary services and technologies now used in a variety of care settings.

Hospitals and other specialty care practice settings must rely on the types of technologies discussed in the bills. Various care settings use these interactive audio, visual, and data communications technologies to expand their ability to provide rapid consultation with specialists when surgery, urgent care, or emergencies require instant communication, and to supplement coverage for radiology interpretations. Often there are no other options, and the

delivery of care depends on use of these technologies, particularly during emergency situations. Unfortunately, the text of the bills is broadly written and sweeps in vital healthcare services accidentally, potentially creating patient quality and safety problems.

With respect to the technology standards and security rules, Connecticut should not deviate from the national standards set forth under HIPAA, including HIPAA guidance and interpretations. The federal government is taking the lead in setting the technological framework for an interoperable and widely accessible healthcare environment, as discussed in a January 30, 2015 draft report released by the Office of the National Coordinator for Health Information Technology, which presented a major report on national health IT planning: *Connecting Health and Care for the Nation, A Shared Nationwide Interoperability Roadmap*. The Office of the National Coordinator is part of the U.S. Department of Health and Human Services, and is the principal federal entity charged with coordinating nationwide efforts to implement use of the most advanced health information technology to facilitate the electronic exchange of health information.

Additionally, a growing body of evidence indicates that telemedicine can be a successful tool to address health disparities (e.g., *Journal of Healthcare for the Poor and Underserved*, (2011), pp. 804-816, "Improving Diabetic Retinopathy Screening Through a Statewide Telemedicine Program at a Large Federally Qualified Health Center"). With serious gaps in ambulatory community care in Connecticut adversely affecting racial and ethnic minorities and the poor, all strategies and tools should be developed to their fullest to improve care. Implementing telemedicine should be one of those strategies. Too many restrictions on telemedicine may further reduce Connecticut's ability to reach these vulnerable populations.

To avoid these unintended consequences, CHA respectfully requests that the following concepts be included in any telemedicine bill's language to clarify that the bill is not intended to apply to settings outside of non-urgent, physician office care.

- Telemedicine laws should not interfere with, or negate, the provision of services as set forth in section 20-9(d) of the Connecticut General Statutes, particularly those services that are routinely provided by indirect care providers who rarely, if ever, have direct patient contact (e.g., lab, imaging).
- Telemedicine rules for connectivity, privacy, and security should be consistent with HIPAA Security Rules and other federal rules for health information technology.
- Telemedicine must not reduce the ability to improve access to care for the underserved or ethnic minority populations.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.