



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
Monday, March 15, 2021**

SB 1022 and HB 5596, An Act Concerning Telehealth

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1022 and HB 5596, An Act Concerning Telehealth**. CHA supports these bills.

Before commenting on this bill, it is important to acknowledge that, since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay.

Telehealth uses technology to connect patients to a wide variety of vital healthcare services and enables access to primary care physicians, specialists, and a variety of other providers. It facilitates 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 telehealth coverage and flexibilities that were introduced in response to the pandemic. Although the pandemic was the catalyst for these changes, this proposed legislation recognizes that telehealth is an essential method for delivering healthcare services that should be preserved even after the public health emergency ends.

We would like to raise concerns about subdivision (13) of subsection (a) of 19a-906, which appears to make a provider's status as a telehealth provider contingent on their enrollment in a private health insurance network or the Connecticut Medicaid Assistance Program. As written, a provider would not be a telehealth provider when providing telehealth services to a patient who is uninsured or a patient for whom the rendering provider is out of network. In either case, the provider may be participating in a private health insurance network, but not the network available to the insured individual and thus would not appear to meet the proposed definition of telehealth provider. This provision would disadvantage those who are uninsured and limit freedom of choice among those who are insured. It is also in conflict with subparagraph (A) of subdivision (1) of subsection (i) of 19a-906, which contemplates that

some patients may in fact not have coverage for telehealth services rendered due to lack of insurance, benefit limitations, or network status, but elect to pay out of pocket. This limitation is reflected in several other provisions in this bill including subparagraph (B) of subdivision (12) of subsection (a) of section 19a-906 and subdivision (2) of subsection (f) of section 19a-906.

We strongly support the provisions in this bill that provide coverage for the full range of telehealth modalities including:

- 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)
- Asynchronous: “Store and forward” technology where messages, images, or data are collected at one point in time and interpreted or responded to later
- 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

This bill recognizes that it is critically important to preserve access to audio-only telehealth services, especially for those patients who remain on the far side of the digital divide. Audio-only telehealth services help ensure equitable access for low-income populations and older adults. They also help ensure equitable access where these barriers exist for communities of color.

The proposed legislation also adheres to the following essential principles:

- Reimbursement on par with the same service if rendered in person
- Flexibility with respect to where 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)
- Coverage for new and established patients

We ask that you make a change to subsection (c) of section 19a-906 that would allow a practitioner to use telemedicine (in lieu of a face-to-face visit) to conduct the necessary patient exam and communication to satisfy the requirements for prescribing a schedule II drug for a legitimate medical purpose.

We do not support subsection (k) of section 19a-906 that pertains to the provision of telehealth services to a patient located in Connecticut by a clinician licensed in a jurisdiction outside of Connecticut. It is critically important that patients have a locally licensed provider of care who is able to coordinate and ensure continuity of care for the entirety of a patient’s care needs. We share with the Department of Public Health a fundamental interest in protecting care quality and safety.

Specifically, we recommend that this legislation be amended to permit healthcare providers to deliver telehealth services, consistent with the scope of practice of their license, to a patient located in Connecticut, if the rendering provider is:

1. engaged with, employed by, or contracted with a Connecticut-based healthcare provider, or
2. engaged with, employed by, or contracted with an affiliate or other entity under the control of, or under common control with, a Connecticut-based healthcare provider.

In either instance, we recognize that, as noted in the bill, it shall be incumbent on the Connecticut-based healthcare provider to “verify the credentials of such provider in the jurisdiction in which such provider is licensed, certified, or registered, ensure that such provider is in good standing in such jurisdiction, and confirm that such provider maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified, or registered Connecticut healthcare providers.”

We strongly support provisions that require individual and group insurance policies to provide telehealth coverage for the full range of healthcare services that would otherwise be covered in person and provides the network provider with the flexibility to choose the telehealth platform. This bill wisely avoids prescribing the clinical circumstances under which telehealth may be covered, but instead defers to providers, in consultation with their patients, as to when telehealth is appropriate for a given clinical service or encounter.

Finally, assuming the continuation or expansion of comprehensive telehealth coverage as proposed in SB 1022, we believe it is worthwhile to examine the impact of such coverage on, for example, patient access, care experience, and quality of care. Accordingly, we support HB 5596, which charges the Department of Public Health with a study of and report on the benefits and implications of telehealth service expansion.

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