



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
Tuesday, July 21, 2020**

**Listening Session: Capping the Cost of Insulin and
Increasing Access to Telehealth Services**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony in support of **Increasing 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. 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 coverage for telehealth services and flexibility in the provision of telehealth services that public and private payers introduced in response to the pandemic. Although the pandemic was the catalyst for these changes, experience demonstrates that telehealth should be an essential method for delivering healthcare services, even after the public health emergency ends.

CHA supports 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
- All providers should be allowed to utilize the full range of telehealth modalities, as clinically appropriate
- Reimbursement should include 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
- Payers and health plans should not limit coverage for telehealth services to their own telehealth networks, programs or systems
- Coverage should be permitted 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
- Coverage should provide broad flexibility 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)
- Prescribing authority should be adjusted to fully enable telehealth to the maximum level allowed by federal law
- Providers using telehealth should comply with all prescription monitoring programs
- Providers, in consultation with their patients, should be the ones who decide when telehealth is appropriate for a given patient encounter
- Providers with a valid license in a state hosting the distant site should be permitted 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

CHA looks forward to working with the Committee to increase access to telehealth services.

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