



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Tuesday, February 23, 2021**

HB 6472, An Act Concerning Telehealth

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6472, An Act Concerning Telehealth**. CHA strongly supports the telehealth provisions in this bill.

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. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

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 the Department of Social Services (DSS) introduced under the Medicaid program 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 strongly support the provisions 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

It is critically important that the legislation preserve access to audio-only telehealth services, especially for those patients who remain on the far side of the digital divide. This bill recognizes that audio-only telehealth services ensure equitable access for low-income populations and older adults. The bill also ensures 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

CHA encourages the Committee to amend the bill to make the provisions permanent. If the Committee decides the best path forward is to establish a two year sunset and review telehealth activities prior making the provisions permanent, we encourage the Committee to amend the date until the end of the 2023 session allowing time for discussion.

The legislation should also be amended to require that DSS permit providers to deliver telehealth services, consistent with the scope of practice of their license, to an established patient at a Connecticut-based originating site, if the provider is located and licensed in a border state and part of a health system operating in Connecticut.

We further recommend that the bill require the continuation of the full range of medical and behavioral health services that have been covered by Medicaid during the pandemic, including, but not limited to, medical office visits, behavioral health, rehabilitative therapies, home health, and hospital outpatient and inpatient services. Finally, we strongly recommend that providers, in consultation with their patients, be the ones who decide when telehealth is appropriate for a given clinical service or encounter.

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