



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

FTR

SB 13

**Testimony of Victoria Veltri
Healthcare Advocate & General Counsel
Before the Insurance and Real Estate Committee
In support of ~~HB 5013~~
February 14, 2012**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, Healthcare Advocate and General Counsel with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Senate Bill 13 requiring that insurers reimburse healthcare providers for telemedicine visits is an important element in the development of a comprehensive, equitable and innovative delivery and reimbursement model. As individuals integrate the digital environment into their lives, telemedicine represents a logical extension of this trend, and it is reasonable that Connecticut should be at the forefront of this movement. Telemedicine has been integrated into healthcare treatment for well over a decade, and exponential advances in computing power and bandwidth technology are rendering it increasingly easy to access and share information in virtual environments. CMS has recognized this and began providing for basic coverage of telehealth services in 1999.

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Routine reassessments of the benefits to health, access and cost using this model has resulted in a gradual but continuing expansion of this assessment methodology. Through proper utilization of telemedicine, consumers will benefit in a multitude of areas. From increased informed decision making capability and enhanced quality of care, telemedicine has the potential to save lives through increased access to remote consultation for routine, chronic or acute care, resulting in earlier diagnoses and intervention. In addition, as EHR becomes standardized, providers will have increased access to each patient's medical record.

This technology has been utilized for chronic homebound patients for years, with dramatic results. A pilot study linking homebound patients to remote monitoring systems resulted in a reduction of hospitalizations by 54%, with substantially better patient outcomes and drastic cost savings. The expansion of access to telemedicine services will impact a wide array of demographics – the elderly, vulnerable, rural, and those suffering from mental health issues chief among them.

While telemedicine holds great promise for innovation and increasing consumer's access to and quality of care, it is important to understand that this approach is still in its infancy. It is important to clearly define what interactive telemedicine means, does it include email, or only real-time communications. More importantly, there should be clear utilization guidelines so that consumers know what services they are entitled to and providers know what services they can provide. Ambiguity could have a substantial chilling effect on the implementation for the populations most likely to derive significant benefit.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.