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Testimony of

**Edmund Tierney**

**Member – Policy Committee**

**American Telemedicine Association**

**Insurance and Real Estate Committee**

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Esteemed members of the Insurance and Real Estate Committee, my name is Edmund Tierney and I am a member of the American Telemedicine Association. I thank you for the opportunity to comment on Bill S.B. No. 202 – An Act Concerning Health Insurance Coverage for Telemedicine Services.

I would like to direct your focus on a proposal, and ask that you consider a request to amend the “telemedicine” definition. SB 202 limits the use of telemedicine to services described in the general statute subsection (d) of section 20-9 which relates to the practice of medicine and surgery. It recognizes physicians only and subtly excludes physician assistants, registered nurses, licensed practical nurses or paramedics, and certified nurse midwives unless they are under the supervision, control and responsibility of a licensed physician.

This trend is antiquated. Of the 20 states and DC with telehealth parity laws, only Louisiana has restrictions limiting telemedicine to physicians only. They have also filed 3 bills this year to expand parity to other providers.

The other concern regarding the definition is “interactive data communication”. The term interactive implies the use of audio and video. Asynchronous applications such as store-and-forward and remote patient monitoring which rely on remote diagnostics and interpretations do not require an interactive (audio/video) encounter with the patient.

We believe it is time for the state to recognize the many benefits Telehealth can provide, as the VA has for example, with its 10 million current users. Many states are doubling-down on their investments and some insurance companies are stepping up with remittance without any state mandates, as they discover the ROI. I also point to the amount of legislative activity at the federal level in Washington to suggest that we all know that innovative technology will play an important role in Health Care reform.

Telehealth has the potential to assist in the goals of many of our state efforts also, in such initiatives undertaken by the DSS, DDS, CoA and the department of Health as well as HITE-CT. What other solution promises to increase access to health care, lower costs and improve outcomes for the safety and security of the patients in our great state of Connecticut?

The American Telemedicine Association looks forward to working with all of the stakeholders in the state, and integrating where possible the many *state best practice* models already developed over the years by ATA professionals. Thank you again for this opportunity to comment. As always, please feel free to contact me with any questions.

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