



**Testimony**  
**Insurance and Real Estate Committee**  
**Senate Bill 5 An Act Concerning Health Insurance Coverage for Telemedicine Services**  
**February 3, 2015**

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the organizations listed above, thank you for the opportunity to present this testimony to you today in support of Senate Bill 5 An Act Concerning Health Insurance Coverage for Telemedicine Services.

Last session, we had the opportunity through this committee to provide our support for the concept of reimbursement for telemedicine services provided for the benefit of patient access to medical care. We noted that increasingly, within the transformation of our health care system and with the advent of new technologies, physicians are spending more time providing services to patients outside of the traditional face to face encounter in the office setting. Unfortunately, state agencies and health insurers have not provided adequate compensation, if at all, for these services that have resulted in limited and, in some situations, questionable use of a cost effective option for care delivery in Connecticut.

In just one year since we supported the concept of reimbursement for telemedicine, many efforts have been initiated both locally and nationally to address several concerns we raised to ensure the proper coverage of telemedicine services when they are in the best interest of a patient and proscribed by the treating physician to supplement and not supplant or replace existing local care options and modalities. National entities such as the Federation of State Medical Boards and the American Medical Association have spent significant time and resources developing policy for the appropriate use of telemedicine services in medicine. Any comprehensive legislation on telemedicine must not only require fair and adequate compensation, but put in place guidelines for its appropriate use and delivery in order to maximize patient safety while attempting to increase access to health care services.

Connecticut State Statute currently and appropriately requires any physician providing telemedicine services to hold a Connecticut license through the Department of Public Health (DPH). Obviously, this would extend to the coverage requirements of the bill and make sense because of the standards of practice and care that are in place in Connecticut that may not be as rigorous or specific elsewhere. However, should the use of telemedicine services for medical care in Connecticut proliferate, it is foreseeable that a significant amount of medical services be provided by physicians licensed in the state, but with no connection to the state or tie to our communities- both in terms of patients and their treating local physicians. With no clear guidelines for use of telemedicine services in place in Connecticut, some commercial insurers are unfortunately using their own telemedicine models. However, these telemedicine models present a scenario in which no connection or relationship exists between physician and patient, no real connectivity exists to the local healthcare system and no parameters exist for such critical aspects of care such as the prescribing of medications, transparency of who is providing evaluative services online or the ability for the patient and his/her Connecticut treating physician to get access to medical records of the online encounter or the ability to reach again that online physician for follow up care or questions.

Shifting a significant amount of medical care out of state, and even out of country, is not in the best interest of Connecticut's economy, health care delivery system, or Connecticut residents and could result in further access barriers for the patients of Connecticut. As we all work hard to try to encourage newly trained physicians to come to Connecticut, as well as retain those presently practicing or receiving training in Connecticut, what message does it send that we allow the proliferation of care provided from outside of the state for our patients? If nothing else, we want to highlight that the need and demand for in state care is great and will support more well trained and qualified physicians in primary care as well as medical specialty areas of clinical focus to address the increasing demand for medical services with the associated reduction in supply of qualified physicians.

The use of out of state resources for the provision of telemedicine services also raises questions how it may, or rather would impact the existing physician patient relationship associated with the provision of medical care in Connecticut. First, will its use require, as it should, the establishment of a physician patient relationship? Will the requirement exist for a face to face care episode first for patients, especially patients with chronic conditions that require additional care management and care coordination at the local level? What kind of parameters will exist for follow up care and the continuity of care if telemedicine is employed? Will there be a requirement that every third or fourth visit be face to face in person to make sure that the care modality or treatment regimen is both being followed and effective in treating the medical condition identified? Telemedicine services should be seen as an adjunct to comprehensive, integrated care, not a substitute- it is to supplement the ongoing and necessary medical care of a well trained and qualified local physician or other health care professional. There is already a concern that the electronic medical record has taken away from patient communications and patient care. How will telemedicine services fit in and work so that the patient is not further removed from the local treating physician and the evaluation of the treatment plan?

Other areas of concern to be considered relate to care location and billing. Acceptable locations for services to be provided to patients such as in a home or office setting or simply another, remote care facility that would presume to have a connection should be specified. Also, the need exists for a contract or employment arrangement with the physician providing telemedicine services. Specific guideline would answer such questions as could a patient simply sign onto their computer from their home and receive these services or would and should other clinical and care professionals be included in the telemedicine episode so that the patient has some local evaluation and if necessary medical care? Also, if medical care is to be provided at a remote care site, guidelines should identify the party responsible for the appropriate billing for services, the physician providing remote services or the facility in which the patient was located when receiving services. More specifically, how in-network and out of network situations work if the telemedicine physician is remote and in another state while the patient is at a health care facility in state and in network must be addressed. Whatever model is eventually employed for telemedicine services for patient encounter or physician consultation, in network physicians should not be limited from providing these services locally. The benefits of a robust local network with physicians of all specialties and subspecialties, should not be diminished or further degraded by allowing access only to an out of network telemedicine benefit. These services should be provided in network so that the medical treatment provided is in fact a true benefit of the insurance program offered and covering the patient care. Having the patient pay out of pocket and out of network for these services doesn't seem to benefit the patient or the local network physicians and other health care professionals.

Coverage for telemedicine services must be integrated in to the current and evolving health care delivery and payment system in Connecticut. Telemedicine services provided properly can offer a cost effective and efficient manner for the provision of necessary and timely care when it can be done safely through indirect patient care with appropriate communication services that offer patient privacy, security and confidentiality protections. Telemedicine services could also be used to supplement and support medical trials, reducing the amount of time and distance to get into the study facility for evaluation of treatment

modalities and the impact of experimental treatment options. However, the use of telemedicine services must be clearly defined and in the best interest of patients and include the physicians of Connecticut who provide their care. We do not want any disincentive for physicians to remain in practice in Connecticut or come to this great state to provide patient care services. Furthermore, as we all work hard to develop a highly integrated and equitable healthcare system, we must not create a subset of the patient population, whether that subset is defined by geography, condition or socioeconomic status (income), to receive one level or form of patient care while another segment receives more direct and face to face medical care. The last thing we want to do in Connecticut is further bifurcate the health care delivery system and more specifically access to medical care services provided by well trained and experienced physicians.