Connecticut's Legislative Commission on Aging
A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

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Testimony of
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Public Health Committee

February 23, 2015

Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee, my name is Julia Evans Starr, and I am the Executive Director for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on several bills before you today relating to telemedicine.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research office of the General Assembly, devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

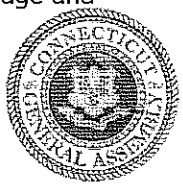
Bills concerning telemedicine

- **SB 246, An Act Defining and Establishing Standards for the Practice of Telemedicine**
- **SB 467, An Act Concerning the Facilitation of Telemedicine**
- **HB 6487, An Act Concerning Standards for Telemedicine**

As you know, there are proposed bills before you that would establish standards and safeguards regarding the practice of telehealth (SB 246, SB 467 and HB 6487) and that would allow health care providers to collect reimbursement from private insurers for services delivered via telehealth (SB 246 and SB 467). If Connecticut established health insurance coverage for telemedicine, it would join at least 21 states and Washington D.C., which have already enacted telehealth parity laws.[1]

The need to increase adoption of telehealth services in Connecticut is more urgent than ever. The Affordable Care Act has in the past year or so expanded health care coverage to approximately 75,000 uninsured residents in Connecticut. Moreover,

[1] American Telemedicine Association. State Telemedicine Gaps Analysis: Coverage and Reimbursement. September 2014.



Connecticut is the 7th oldest state in the nation with the 3rd longest-lived constituency, and between 2010 and 2040, Connecticut's population of people age 65 and older is expected to grow by 57%. The health care needs of this burgeoning population of older adults, combined with the needs of the newly insured population, will rapidly outpace the ability of traditional models of health care delivery to adequately meet those needs.

Telehealth yields the following benefits:

- **Enhances Access to Care / Health Equity** as a means of ensuring that all individuals can appropriately and more quickly access care, regardless of economic means, age, physical ability or geographic proximity to providers.
- **Improves Health Outcomes** as measured by improved medication adherence, reduced hospital readmissions, improved public health surveillance and delivery and a variety of other indicators. Its recordable nature also improves documentation and verification.
- **Facilitates care coordination** when patients, providers and other caregivers are in distant locations. Local providers can also gain support and learn new skills from distant clinicians.
- **Saves patients, providers and payers money** compared with traditional approaches of providing care.
- **Helps the local economy** keeping the source of medical care local, maintaining health care infrastructure and preserving health care-related jobs.[2]
- **Offers a patient-centered approach** as it empowers consumer choice, allows care to be provided where a patient is located, and provides flexibility. Benefits include better continuity of care, reduction of lost work time and travel costs, and ability to remain within support networks.[3]
- **Optimizes the providers' time**, especially in specialty areas where there are current and projected shortages.
- **Compliments and enhances the face-to-face provided by health care professionals**.

Several national thought leaders on telehealth policy have thoroughly discussed the importance of provisions that seek to optimize the profound potential of any telehealth legislation (including the American Medical Association, the Federation of State Medical Boards, and the Center for Connected Health Policy), while simultaneously providing patient safeguards.

Based on our research from these and other sources, as the Committee potentially moves forward, we respectfully recommend:

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[2] Center for Connected Health Policy. Advancing California's Leadership in Telehealth Policy: A Telehealth Model Statute and Other Recommendations.
[3] *Id.*

- The term "telemedicine" be updated to "telehealth" and its definition broadened. Telehealth is a term that includes telemedicine but also includes the use of technology beyond health care settings, such as for public health surveillance and delivery, education and support of providers and other caregivers, collaborative care management and other non-medical uses.[4]

- The present "telemedicine" definition in HB 6847 should include all three generally recognized categories of telemedicine technologies: (1) interactive services (providing face-to-face interaction between patient and provider through real-time audio and video technology), (2) remote monitoring (to capture health indicators, often to help manage a wide range of conditions), and (3) store-and-forward (involving transmitting medical data from an originating provider to a professional colleague for consultation or a medical specialist for assessment).

- Specific to HB 6487, the requirement for "the primary care physician to have personally seen the patient" be altered to allow, as in SB 246, the provision of telemedicine services, as long as they have been requested by a Connecticut licensed health care provider who has personally seen and examined the patient. *Telehealth is simply a means of delivering a given health care service to a patient. Statutory restrictions interfere with the discretion of provider and patient to determine whether and when services should be rendered via telehealth.*

- Telehealth service delivery abide by laws addressing privacy and security of patient information.

- Require telehealth equipment and software vendors who contract with the State of Connecticut to meet current telehealth industry interoperability, to avoid uncertainties in compatibility.

Thank you for opportunity to provide comment today. We are thankful to this committee for considering these important bills and would welcome the opportunity to work with members of this committee to help ensure its passage.

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[4] Center for Connected Health Policy. Advancing California's Leadership in Telehealth Policy: A Telehealth Model Statute and Other Policy Recommendations. February 2011.