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February 23<sup>rd</sup>, 2015

State of Connecticut General Assembly  
Public Health Committee  
Legislative Office Building, Room 3000  
Hartford, CT 06106

**RE: Connecticut Proposed SB 246- An Act Defining and Establishing Standards For the Practice of Telemedicine**

On behalf of the Convenient Care Association (“CCA”) board of directors and our retail-based clinic members, we appreciate the opportunity to comment on SB 246. The CCA was founded in 2006 to provide a unified voice for the retail-based convenient care industry. Convenient care clinics, often referred to as “retail clinics,” are health care facilities located inside retail locations, such as pharmacies and grocery stores. The industry is currently made up of more than 1,900 retail clinics across more than 40 states and Washington D.C. Our members have collectively served more than 20 million patients, and over 90 percent of patients are satisfied with clinic services.<sup>1</sup> Retail clinics offer high-quality, low-cost, and accessible health care. The care is provided by nurse practitioners and physician assistants, and encompasses basic primary care, preventive and wellness services, and some chronic disease monitoring and treatment. All members of the CCA are either certified or accredited by national organizations, such as The Joint Commission and the Accreditation Association for Ambulatory Health Care. Research on the industry has documented time and again that retail clinics deliver high-quality, cost-effective care and adhere to evidence-based practice guidelines. The CCA represents more than 97 percent of all retail clinics currently in operation and more than 26 clinics in the state of Connecticut.

Retail clinic services, which are convenient and affordable, help prevent complications that often result in costly emergency room admissions. A major study sponsored by the RAND Corporation and published in the *Annals of Internal Medicine* found that care at convenient care clinics was equivalent in quality to other settings and 40 to 80 percent less costly.<sup>2</sup>

The CCA appreciates the effort to create regulation in the practice of telemedicine. The CCA understands that the Connecticut legislature has introduced SB 246 to establish standards for the provision of telemedicine services and appreciates the legislature’s desire to promote high-quality care by regulating the circumstances under which telemedicine can be employed.

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<sup>1</sup> Convenient Care Association

<sup>2</sup> Comparing Costs and Quality of Care at Retail Clinics with that of Other Medical Settings for Three Common Illnesses, *Annals of Internal Medicine*, August 2009.

However, we oppose the proposed telemedicine legislation in its current form due to the restrictive language regarding the state medical licensing requirement, as well as the prerequisite medical examination and patient-physician relationship language. We do support the inclusion of out-of-state telemedicine providers within the standards of practice. CCA would like to suggest some changes within Sections 1(A) through 1(D) of the legislation that would support retail clinics in fulfilling their mission to provide access to high-quality affordable care across Connecticut.

## **Comments**

Telemedicine is a treatment modality that has the potential to greatly increase access to care across Connecticut, especially in the state's more rural areas. CCA is concerned that the telemedicine language in SB 246 will limit the effectiveness of an otherwise progressive effort to expand access to primary care. Considering the primary care provider shortage the nation is facing, it is important to ensure that patients in the state of Connecticut have access to all available providers without costly delays. The Association of American Medical Colleges already projects a dearth of 130,600 physicians by 2025, including a shortage of 65,800 primary care physicians.<sup>3</sup> Current demographic trends are set to further increase the pressure on physicians in Connecticut and across the nation:

- The nation's population will continue to grow—between 2006 and 2025, the Census Bureau projects population growth of some 50 million.
- The nation's population has a growing problem with obesity and associated health problems such as diabetes.
- There will be approximately 32 million newly insured Americans seeking primary care services with the Affordable Care Act.

Parts of the proposed legislation may exacerbate this problem by limiting the potential benefit of telemedicine and unnecessarily restricting access to care.

Sections (1)(A)-(1)(D) of the proposed SB 246 create a number of additional requirements for retail clinics that would necessitate changes in clinic telemedicine process as well as service delivery. If implemented as written, the changes would limit access to telemedicine and add cost to clinic operation, and thus an increase in cost to service delivery, without a discernable improvement to the quality of care provided. Below please find a description of each issue as well as recommendations for each.

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<sup>3</sup> AAMC Center for Workforce Studies, Physician Shortages to Worsen Without Increases in Residency Training, June 2010 Analysis (Jun. 2010), available at [//www.aamc.org/download/153160/data/physician\\_shortages\\_to\\_worsen\\_without\\_increases\\_in\\_residency\\_tr.pdf](http://www.aamc.org/download/153160/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf).

**Section (1)(A) the telemedicine provider to be properly licensed to practice medicine in Connecticut,**

**Issues:** Since Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs) are duly licensed and practicing health care providers in the state, we ask that state law be written to include providing coverage by CRNPs and PAs for telemedicine services under the same guidelines and restrictions as other providers. This will expand the number of providers available to facilitate health care services and enhance accessibility.

**Recommendation:** We would like to see this provision expanded to include Certified Registered Nurse Practitioners and Physician Assistants.

**Section (1)(B) written informed consent from the patient prior to the provision of telemedicine services,**

**Issues:** The convenience and accessibility of telemedicine hinges on the patient's ability to receive care remotely. It may not always be possible for written informed consent to be provided prior to the provision of services and could significantly delay the healthcare assistance needed.

**Recommendation:** We would like to see this requirement be deleted in its entirety or amended to include an electronic submission option.

**Section (1)(C) the patient's medical records and health history to be made available to the telemedicine provider,**

**Issues:** A requirement to obtain a patient's medical records and health history would be a new demand of our members. Although sharing of patient information with other health care systems is encouraged, retail clinics are not always in possession of a patient's medical records at the time care is needed. If retail clinics had to obtain this information prior to a telemedicine consultation, it would result in significant delays and potentially create out-of-pocket costs to patients for the transfer of their records from another primary care provider.

**Recommendation:** We would like to see this language be deleted in its entirety.

**Section (1)(D) the telemedicine provider to have previously seen and examined the patient or be providing telemedicine services at the request of a Connecticut licensed health care provider who has personally seen and examined the patient,**

**Issues:** Our members are involved with local and national health care systems and their providers and share patient information as appropriate to ensure continuity of care. All patients

are given the option of sharing their health care record with other providers. However, a patient with a health concern may not have visited a retail clinic prior to needing telemedicine assistance, nor have a primary care provider that is able to refer them for a telemedicine consultation. This requirement is unnecessary and could add to patient costs and delay of care.

**Recommendation:** We would like to see this language be deleted in its entirety.

On behalf of CCA and its members, I thank you for the opportunity to submit written comments for your consideration. If you have any questions, please contact me at (215) 731-7140 or [tine@nccc.us](mailto:tine@nccc.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Tine Hansen-Turton". The signature is fluid and cursive, with a large initial "T" and a long, sweeping underline.

Tine Hansen-Turton  
Executive Director