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Testimony of
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Public Health Committee

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Senators Gerratana and Crisco, Representatives Ritter and Riley, 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

- **Proposed Bill No. 246, An Act Defining and Establishing Standards for the Practice of Telemedicine**
- **Proposed Bill No. 467, An Act Concerning the Facilitation of Telemedicine**
- **Proposed Bill No. 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 (Proposed Bill Numbers 246, 467 and 6487) and that would allow health care providers to collect reimbursement from private insurers for services delivered via telehealth (Proposed Bill Numbers 246 and 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

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



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, 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 provides an exciting opportunity to address some of health care's greatest rising challenges. In illustration:

- **Access to Care / Health Equity.** Telehealth is 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.
- **Quality and Outcomes.** Telehealth can improve 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.
- **Care Coordination.** Telehealth facilitates collaborative care management when patients, providers and other caregivers are in distant locations. Local providers can also gain support and learn new skills from distant clinicians.
- **Cost-Effective.** Telehealth services typically save patients, providers and payers money, compared with traditional approaches of providing care.
- **Local Economic Health.** Telehealth can help the local economy by keeping the source of medical care local, maintaining health care infrastructure and preserving health care-related jobs.²
- **Patient-Centered.** Offering telehealth services is a patient-centered approach. 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
- **Provider Shortages.** Telehealth can be used to optimize providers' time, especially in specialty areas where there are current and projected shortages.

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.

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

³ *Id.*

Based on our research from these and other sources, as the Committee potentially moves forward with drafting bill language, among other considerations, we recommend:

- That for all proposed bills, 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 Telehealth can also represent a critical component of disaster relief efforts.⁵
- That for all proposed bills, regarding the term “telemedicine,” its definition should include the 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). Currently, Proposed Bill No. 6487 limits telemedicine’s potential, by only considering interactive services.
- That in Proposed Bill No. 6487, the requirement for “the primary care physician to have personally seen the patient” be removed or allow, as in Proposed Bill No. 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.
- That all bills more fully clarify that:
 - Patients receiving care through telehealth services have the same choice of provider, same transparency of information (e.g., patient cost-sharing responsibilities) protections and same access to health care practitioner credentials as those receiving care through traditional delivery systems.
 - Telehealth service delivery must abide by laws addressing privacy and security of patient information.
- That the bills recognize that telehealth is evolving and dynamic, and that bill language allow flexibility to integrate new technologies, going forward, into health care delivery and payment mechanisms.
- That the bills 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 and other valued partners to help ensure its passage.

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

⁵ Connecticut State Office of Rural Health. Telehealth in Connecticut. December 2013.