



Testimony on SB 291
Public Health Committee Public Hearing
Wednesday, March 2, 2016

Senator Gerratana, Representative Ritter and members of the Public Health Committee, thank you for the opportunity to provide testimony on SB 291, An Act Concerning Telehealth Providers' Access to Patient Records.

I'd first like to praise the time and effort that went into the current telemedicine law enacted by this body in 2015. I believe that you got it ALMOST right.

As a practicing family physician, I believe that there is a value for patients in the concept of a medical home and continuity of care. I also understand that this value fluctuates in its relative importance. For example, if I am faced with a serious ongoing illness such as diabetes, care in a medical home setting can literally prolong my life and improve my quality of life. If I have a simple bladder infection while I am visiting here in Hartford, then access to prompt treatment is more important than waiting to be sure that that care is provided in a medical home setting.

As a member and past president of a state medical board, I respect and honor the work of legislators and regulators in ensuring public protection in the provision of medical care. I do believe that good regulatory policy should be fair and consistent. And I agree with the guidelines promulgated by the Federation of State Medical Boards, the American Telemedicine Association and others that state that telemedicine should not be held to a separate or higher standard than conventional medical care. It is in this regard that I used the term "ALMOST right" above. By requiring telemedicine providers to both take a history AND have access to the patient's past records, you impose a standard of care that is different from and higher than the standard of care for other types of medical visits. We believe that adoption of SB 291 will remedy this unfairness.

As the chief medical officer of Zipnosis, a telemedicine company based in Minneapolis, I have a business interest in being able to offer my services to

a wide variety of Connecticut patients who can be safely treated using the Zipnosis platform. The current law has significantly limited my company's ability to use our current platform to improve access to care for Connecticut residents. It also severely limits our ability to use the platform as a tool to develop additional applications such as those in behavioral medicine. Like Minnesota, Connecticut is dealing with severe shortages of mental healthcare. Again, adoption of SB 291 will remedy this situation.

Unlike many other telemedicine companies, Zipnosis does not offer telemedicine visits directly to patients. In this regard we share some of the same concerns as the medical society and others around continuity of care. Because we work solely with hospitals and health systems who license our software platform, Zipnosis telemedicine visits always occur as part of a continuum of care provided by local entities. Patients whose medical condition is not appropriately treated through a virtual telemedicine visit, are efficiently and effectively routed to the most appropriate sites of care by local clinicians who actively practice in the community. The record of the eVisit becomes a part of a local medical record. Zipnosis strongly believes that our model of telemedicine supports continuity of care. Therefore we would ask that SB291 be adopted.

Thank you for the opportunity to offer this testimony.

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