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Public Health Committee

Public Hearing

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Julia Evans Starr

Executive Director, Connecticut's Legislative Commission on Aging

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. 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, our Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

Thank you for the opportunity today to testify in support of SB 298: An Act Concerning Telehealth Services for Medicaid Recipients. The Commission believes this bill builds upon the excellent foundation this committee established with the passage of Telehealth Standards (PA 15-88) last session.

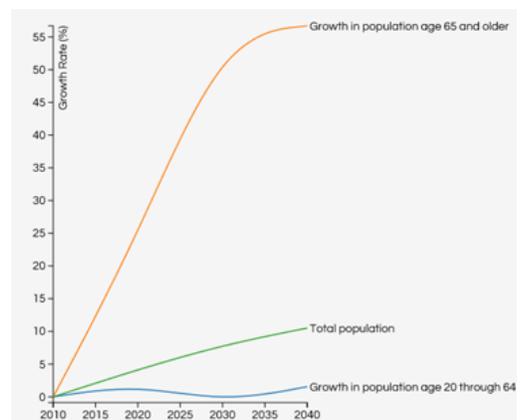
Using telehealth to address mobility limitations, major distance or time barriers, and transportation limitations will become increasingly important as Connecticut prepares for longer-lived, growing numbers of older adults. Between 2010 and 2040, Connecticut's population of people age 65 and older is projected to grow by 57%, with less than 2% growth for people age 20 to 64 during the same period. Moreover, residents born in Connecticut today can expect to live to be 80.8 years old—the third highest life expectancy in the U.S.

Growth in Connecticut's Aging Population

This unprecedented longevity, sheer increases in the number of older adults, and an overwhelming preference of Connecticut residents to age in place, taken together, underscore a strong need for a flexible health care system that can provide care both traditionally and through telecommunications technology.

Telehealth is being used increasingly to realize a wide variety of benefits, such as:

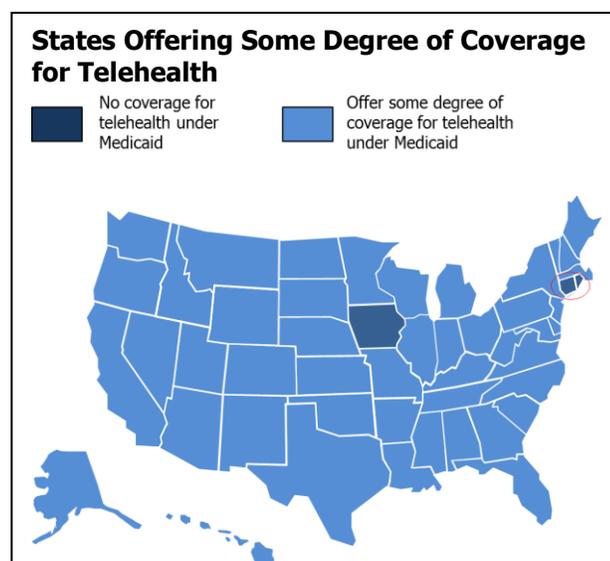
- **Access to Care.** Through enhanced, convenient physician availability across a variety of provider types, telehealth is a means of ensuring that all individuals can appropriately and more quickly access care, regardless of economic means, age, physical ability or geographic proximity to providers. Telehealth can also be used to optimize providers' time in current and projected shortage areas, ranging from cardiology to radiology to diagnostic oncology.



- **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.
- **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.
- **Cost-Effective.** Telehealth services typically save patients, providers and payers money, compared with traditional approaches of providing care. At least one analysis found that any potential cost increases because of increased utilization in Medicaid is more than offset by avoided transportation costs and emergency department admissions.¹
- **Local Economic Health.** Telehealth will assist in monitoring or improving local economic health in medically underserved areas 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 that 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

Medicaid conditions of payment are limitations on reimbursement for telemedicine services, including restrictions based on patient setting, technology type, distance or geography, provider type and service type. Forty-seven state Medicaid programs have some type of coverage for telehealth, though only a handful of those programs have minimal conditions of payment.

Connecticut is one of only three states (the others are Iowa and Rhode Island) **without coverage for telehealth under their Medicaid plans** (Figure 2). That is, the Connecticut Medicaid program pays only for face-to-face encounters, with limited exceptions. Section 17b-245c of the Connecticut General Statutes allows the Department of Social Services (DSS) to establish a Medicaid telemedicine demonstration program at federally qualified health centers.



Again, we appreciate your introduction of this important piece of legislation.

¹ American Telemedicine Association. State Policy Toolkit: Improving Access to Covered Services for Telemedicine. 2014.

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

³ Connected Health Policy. Advancing California's Leadership in Telehealth Policy: A Telehealth Model Statute and Other Policy Recommendations.