

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-7302

Title: AN ACT CONCERNING TELEHEALTH.

Vote Date: 4/1/2019

Vote Action: Joint Favorable

PH Date: 3/25/2019

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This legislation requires the Department of Public Health (DPH), in conjunction with the Department of Mental Health and Addiction Services (DMHAS) and the Connecticut State Medical Society (CSMS), to research the impact of implementing the Psychology Interjurisdictional Compact. This Compact would enable:

1. Psychologists licensed in participating states to practice telehealth in the state, despite not being licensed in Connecticut
2. Psychologists licensed in the state to practice telehealth in other participating states, without being licensed in that state

The Department must report their findings by January 1, 2020.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commissioner Raul Pino, Department of Public Health (DPH): DPH is opposed to this legislation. As defined in Section 19a-906(a)(12), psychologists licensed in the state are permitted to practice telehealth. If the Psychology Interjurisdictional Compact is implemented, psychologists in participating states seeking to practice telepsychology in Connecticut would not need to obtain a Connecticut license. Removing this requirement would result in a loss of revenue, as out-of-state licensure fees generate over \$150,000 annually. In addition, the Department does not have the resources to conduct this study. The Association of State and Provincial Psychology Boards provide information that outlines the specifics of the Compact. DPH is not opposed to compact licensure, as many other associations are studying this possibility. However, it is important to include the professionals in the discussion, as they are best prepared to study and discuss the impact of implementing this Compact.

NATURE AND SOURCES OF SUPPORT:

Dr. Ralph Balducci, Psychologist: Dr. Balducci supports this legislation because it will increase access to care and enable greater continuity of care. He referenced the fact that under the Psychology Interjurisdictional Compact (PSYPACT), psychologists would still be able to serve their clients even if they move out of state or travel for extended periods of time. Dr. Balducci referenced college students, specifically the fact that they can continue care with their psychologists when they leave the state or can continue care with their university psychologist when they come back to Connecticut for breaks. He noted that he does not see any concern with implementing this legislation and that establishing the PSYPACT in Connecticut would be beneficial for promoting business as well as effective care.

Katie Berk, Ph.D.: Dr. Berk is a licensed psychologist who practiced in Vermont and recently moved to Connecticut. While she had to establish a new practice in the state, telehealth services have enabled her to continue sessions with fourteen clients in Vermont. Many of her clients expressed relief that they would be able to continue to meet with her and not have to find a new therapist. In order to continue to meet with out of state patients, a psychologist must maintain their license in the places they practice. If a patient moves beyond the psychologist's geographical scope, they must either discontinue counseling or the psychologist must apply for licensure in that state. This is challenging for both a patient and a provider, as both have developed a trusting relationship. Telehealth certainly helps maintain consistency; however, state licensing laws dictate that an individual cannot practice without a license for more than 10-30 consecutive days. This bill allows psychologists to practice across state borders, so long as they comply with certain standards. By implementing this regulation, the state is increasing access to healthcare.

Mark Spellmann, CT Psychological Association: Dr. Spellmann strongly supports this bill. He recounted the story of a patient who was six credits shy of graduating high school due to her severe depression. After a year of treatment to overcome a number of conditions and difficult past experiences, she was able to graduate high school. She went on to attend a university in New York and Dr. Spellmann was able to provide counseling for her online. Though the experience was challenging and there is still more work to be done, she has gained a sense of confidence for the first time that she can excel in school and in life. Dr. Spellmann noted that he is lucky to have a license in both Connecticut and New York, because had his patient chosen to attend school in a different state, she would have needed to find a new psychologist. Implementing this legislation facilitate consistency in care.

NATURE AND SOURCES OF OPPOSITION:

The Connecticut Society of Eye Physicians, ENT Society, CT Dermatology and Dermatologic Surgery Society, and CT Urology Society: While the societies are eager to implement the technological advancements in the field of telehealth, there are several concerns that should be addressed regarding this matter. One potential issue is the risk of malpractice claims that a practicing provider may incur if these treatment plans are taken before a court of law. The state of Connecticut has notoriously high malpractice settlements, which may be of concern. In addition, there is the problem of providers who may not want to partake in telehealth practices. These individuals may be forced to agree to insurance contracts that do not fit their needs, or face discrimination when networks are modified. Overall, while the state must work to provide the best and most updated standard of

healthcare, these issues surrounding providers potentially engaged in telehealth must be addressed.

Chris Gargamelli, Connecticut Veterinary Medical Association (CVMA): CVMA respectfully requests that amendments be added concerning veterinary medicine and telehealth. There is currently a hole in state statute regarding regulating veterinary telemedicine. Amending this legislation would close the gap by defining the veterinary-client-patient-relationship (VCPR). By establishing the VCPR as the foundation for veterinary medicine, the legislature guarantees that a veterinarian has suitable knowledge of their patient to provide quality care. Connecticut is one of a few states that do not provide a definition of the VCPR. Without this definition, an outside veterinarian, not licensed in the state, could provide a diagnosis or suggest treatment for a patient solely over electronic communication. If an individual chose to pursue this line of treatment, they would not be protected by the Connecticut Board of Veterinary Medicine. Telehealth has gained attention for humans; however, unlike humans, veterinarians do not have the ability to ask their patients about their injuries or illnesses. A physical exam is critical to proper diagnosis. Amending this bill would align Connecticut with 47 other states and comply with the American Veterinary Medical Association.

Reported by: Meagan Schantz

Date: 4/10/19