Senator Moore, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share my thoughts about HB 1052, An Act Expanding Medicaid Coverage of Telehealth Services. My name is Dr. Glenn Focht, President of the Connecticut Children’s Specialty Group. I am submitting this testimony in support of this proposed legislation because telemedicine offers several fundamental benefits to healthcare patients, which are not currently accessible to those covered by Medicaid.

Before commenting on the bill, I want to provide some background about Connecticut Children’s. We are a nationally recognized, 187-bed not-for-profit children’s hospital driving innovation in pediatrics. With over 2,600 employees and over 1,100 on our medical staff, we are the only hospital in the State dedicated exclusively to the care of children. Through our partnerships with adult hospitals and primary care providers across Connecticut, we are able to offer a continuum of care for children, from primary prevention to complex disease management, closer to their home. Last year alone, Connecticut Children’s directly cared for more than 15% of all kids in Connecticut covered by Medicaid and spent over $90 million in free and uncompensated care. We are also the primary pediatric teaching hospital for the University of Connecticut School of Medicine and the Frank H. Netter MD School of Medicine at Quinnipiac University and the primary pediatric research partner of Jackson Laboratories.

Telemedicine technology has the potential to transform how pediatricians and other physicians practice medicine in the rapidly changing health care environment. This technology promises to (1) expand access to care, (2) lower health care costs, (3) improve the quality of healthcare services delivered, and (4) increase patient satisfaction. However, with no Medicaid reimbursement for healthcare services delivered through telemedicine, Connecticut is lagging behind other states in regards to telemedicine implementation. For hospitals like Connecticut Children’s, where over half of our patients rely on Medicaid, access to comprehensive Medicaid reimbursement for telemedicine services would allow us to develop a robust telemedicine program accessible to all our patients and partners. What follows are the benefits Connecticut would see if it were to pass this important bill.

Access to Care
Telemedicine improves healthcare access for patients and allows physicians and health facilities to deliver care closer to a patient’s home. Given existing provider shortages in both rural and urban areas, as well as in many subspecialties, telemedicine has a unique capacity to increase access for patients.
Most children cannot get themselves to a health care provider. Even with the help of their parents, children covered by Medicaid still have difficulty making appointments due to Connecticut’s ongoing non-emergency medical transportation issues. Telemedicine, if allowed to, has the potential to increase timely access to healthcare, enabling patients who are geographically remote to more easily obtain clinical services in their home area, and assisting in addressing shortages and imperfect distributions of specialists. If a newborn is delivered in medical crisis in a facility without a pediatrician, the hospital may only have telephone access, at best, to a pediatrician or neonatologist to help them provide the needed care.

Another area where telemedicine can really make an impact is in behavioral health. Children in mental health emergencies, in particular, have become a growing problem. Last year, nearly 3,900 children and adolescents required emergency evaluation services in Connecticut Children’s Emergency Department (ED). More than 520 of those patients (13.5%) remained in our ED for more than 24 hours. In some cases, their discharge was delayed because they needed to be transferred to a psychiatric inpatient facility and no bed was available. In other cases, the patient’s ability to be safely discharged required an existing source of behavioral health care in their community and they lacked access to that resource.

The fact of the matter is that while the rate of mental health emergencies continues to increase, available resources continue to decline. Children are getting stuck in behavioral health “deserts” because there are simply not enough inpatient or outpatient options. Telemedicine, and telepsychiatry in particular, would allow Connecticut’s very small psychiatrist and pediatric therapist workforce to increase their capacity to see patients by decreasing lost travel time. Furthermore, the technology has the ability to divert over 50% of patients evaluated with telemedicine to outpatient settings instead of the emergency departments or urgent care facilities they would otherwise have gone to.\(^1\) National organizations like the American Academy of Pediatrics, the American Telemedicine Association, and the Academic Pediatric Association have all endorsed the use of telemedicine as it relates to providing behavioral health services to children.

**Lower Health Care Costs**

Telemedicine has been shown to reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays. A 2018 study from the journal Pediatrics, for example, found that 52% of patients evaluated with telemedicine at a remote site were discharged from the remote sites directly home with scheduled outpatient care follow-up. Such diversion results in significant health cost savings, since without telemedicine, those 52% of patients would have been transferred from the remote site to an emergency department or urgent care center.

The notion that HUSKY Health will end up spending more money if it were to reimburse for telemedicine services is misguided. More often than not, a fifteen-minute virtual appointment leads to patients not seeking more expensive levels of care. A 2018 study in the journal

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Pediatrics, for example, found that the implementation of a telemedicine program designed to assist in the care of seriously ill children receiving care in referring emergency departments was associated with lower illness severity upon admission to the Pediatric Intensive Care Unit.\(^2\) And an analysis of the direct-to-consumer telemedicine program at Nemours Children’s Health System in Delaware found that between 2015 and 2018, 67% of patients reported they would have accessed an urgent care center, emergency room, or retail clinic if Nemours’ telemedicine service was not available.\(^3\) In a separate study, Nemours found that each sports-medicine telemedicine visit saved the health system an average of $24 per patient and those patients using telemedicine for sports medicine appointments saved an average of $50 in travel costs and 51 minutes in waiting and visit time.\(^4\)

Critics may cite studies such as that published in Health Affairs in 2017\(^5\) and one from the University of Wisconsin\(^6\), to show that telemedicine visits may actually increase utilization and therefore costs. But while over-utilization of services is always a concern in healthcare, those studies fail to consider the robust savings in other areas, such as transportation costs and unnecessary emergency department and inpatient costs. Even if the cost savings and potential cost increases cancel each other out, telemedicine is still a net win for patients because of the faster and more coordinated care they will receive.

**Improves the Quality of Healthcare Services Delivered**

Studies, and our own anecdotal experience, have consistently shown that the quality of healthcare services delivered via telemedicine are as good as those given in traditional in-person consultations. In fact, some specialties, such as mental health and intensive care, associate telemedicine with greater outcomes and patient satisfaction than in-person visits.

A recent systematic review of 24 studies evaluating the impact of synchronous telemedicine on pediatric clinical outcomes between January 2000 and April 2018 found improved quality of care, a decrease in the transfer rate, a shorter length of stay, a change or reinforcement of the medical care plan, a reduction in complications in illness severity, and a lower hospital and standardized mortality rate.\(^7\)

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We have already seen some of these positive effects at Connecticut Children’s. After launching the state’s first pediatric telemedicine network for neonatology last year, we’ve seen improved health outcomes for newborns and decreased utilization of the Neonatal Intensive Care Unit when our neonatologists are able to provide specialist advice to partner hospitals equipped with telemedicine technology.

**Increased Patient Satisfaction**
The greatest impact of telemedicine is on the patient, their family and their community. Using telemedicine technologies reduces travel time, time to treatment and related stresses. Such services offer patients the access to providers that might not be available otherwise, often without the risk of transportation of fragile patients or associated time delay. In the Nemours’ analysis noted above, over 93% of patients gave their providers a 5-star review and 86% gave the telemedicine platform itself a 5-star review. Median wait time across all specialties was 2 minutes 11 seconds, compared to the average wait time of over an hour across specialties for an in-person follow-up during the same time period. Study upon study shows extremely high satisfaction rates for both patient and provider satisfaction.  

**Comparison with other States**
Connecticut is already far behind other states when it comes to telemedicine implementation. One of the main reasons that Connecticut providers have failed to keep up with the newest and best healthcare technology is that there has been no Medicaid reimbursement for healthcare services provided with this technology. In fact, Connecticut is the only State whose Medicaid program does not currently reimburse providers for services provided through some type of telemedicine (not counting electronic consults, for which Medicaid reimbursement is only available to federally qualified health centers). The Medicaid programs in Maine and New Hampshire, for example, have had telemedicine reimbursement parity for many years now and neither has seen increased costs or frivolous use.

This bill will put Connecticut on par with other states when it comes to telemedicine reimbursement and the benefits are numerous. It would increase access to care, reduce costs, improve quality and increase both patient and provider satisfaction. We urge you to support this bill and to include language that maximizes the positive impact that it will have on the health and well-being of children. Since Connecticut Children’s operates the only pediatric telemedicine network in the State, we would be happy to partner with policymakers to implement Medicaid reimbursement for telemedicine services in the most effective way possible.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children’s Senior Director of External Relations, at 860-837-5557.

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