



TESTIMONY OF

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**SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE**

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HB 5596, An Act Concerning Telehealth

SB 1022 An Act Concerning Telehealth

Trinity Health Of New England appreciates this opportunity to submit testimony regarding **HB 5596, An Act Concerning Telehealth, and SB 1022, An Act Concerning Telehealth**. Trinity Health Of New England strongly supports this bill.

Trinity Health Of New England includes Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital in Hartford, Saint Mary's Hospital in Waterbury, Johnson Memorial Hospital in Stafford Springs, and Mercy Medical Center in Springfield, Massachusetts. In addition, our ministry includes physician practices, ambulatory services network, home health, and post-acute services. We are more than 13,000 health care providers committed to providing compassionate care and improving the health of our community.

As a physician, I can tell you that the response to the use of telehealth services by my patients has been significant. While I realize that the pandemic was the catalyst for the rapid expansion of telehealth utilization, I can honestly say that telehealth availability made it easy for our patients to get the care they need, when they need it, in or near the places where they live. This enhanced access to patient care will continue to connect patients in a timely manner to a wide variety of vital healthcare services including primary care, behavioral

health, and other specialists. Telehealth delivers high-quality care while reducing unnecessary hospital and emergency room utilization and costs. I have already witnessed that firsthand.

The concern right now from many physicians like myself is to maintain these significant advancements in telehealth services as well as reimbursement flexibilities even after the public health emergency ends.

- These telehealth services-medical and behavioral health- should be reimbursed by Medicare, Medicaid, and private payers just as they are if the same service is delivered in person.
- In addition, reimbursements should include coverage for the full range of telehealth modalities including synchronous, asynchronous, and remote patient monitoring -- not simply limited to payers and health plans who own the telehealth network.
- Lastly, coverage should provide broad flexibility with respect to where both the patient is located at the time of service and where the physician/practitioner who provides the service is located. This broad flexibility should include a requirement that any telehealth provider who is licensed, certified, or registered in another jurisdiction that engages or contracts with a Connecticut entity/institution be fully licensed to practice in Connecticut or have limited state license for Telehealth across state lines. Connecticut could also consider becoming part of an interstate compact that is sufficient in size to assure that Telehealth providers are able to practice across state lines with one state license and patients can access needed care.

The objective is to continue the flexibility and positive impact that Telehealth offers to the communities (patients, families, caregivers, and care team members) in terms of cost, timely access, experience, and effectiveness of care.

Thank you for your consideration of our position. Should you have any questions or need additional information, please contact Dan Keenan, Vice President Advocacy and Government Relations, at dkeen@trinity-health.org.