



**Testimony of Trisha A. Farmer, MSN, RN, CNS  
Vice President of Regional Partnerships & Operations  
at Connecticut Children's Medical Center  
to the Insurance and Real Estate Committee and the Public Health Committee  
regarding Telehealth  
*SB 1022- An Act Concerning Telehealth*  
*HB 5596- An Act Concerning Telehealth*  
March 14, 2021**

Senators Lesser and Abrams, Representatives Wood and Steinberg, and other esteemed members of the Insurance and Real Estate Committee as well as the Public Health Committee, thank you for the opportunity to share our support of the two bills. We also wish to provide some additional comments and insights.

My name is Trisha Farmer and I am the Vice President of Regional Partnerships and Operations at Connecticut Children's and I oversee telemedicine efforts throughout our pediatric health system.

Before commenting on the bill, I want to provide some background about Connecticut Children's, a nationally recognized, 187-bed not-for-profit children's hospital driving innovation in pediatrics. With over 2,900 employees and 1,190 providers on our medical staff, we are the only hospital in the State dedicated exclusively to the care of children. Although our main hospital campus is located in Hartford, we have over a dozen locations across the state and partner with many adult providers and health systems throughout the region to help our pediatric experts provide care to children from all corners of Connecticut. In addition to caring for kids in the clinical setting and our cutting-edge pediatric research, we remain committed to keeping children in our communities healthy through community-initiatives that help address the social determinants of health, because as we know, many of the challenges facing children and families have only been exacerbated by the covid-19 pandemic. Lastly, like our adult counterparts, Connecticut Children's has had to adapt to this new and challenging time to ensure that children have easy access to the care they need, even during a pandemic.

It has been almost one year since the State expanded its policies related to telehealth in response to the pandemic. Since that time, Connecticut Children's has performed more than 67,000 virtual visits and we are averaging over 300 virtual visits per day. We have implemented virtual health capabilities across our health system for children needing primary care, specialty care and hospital services. We have found that telemedicine is an invaluable tool to ensure safe access to care, and continuity of care for our patients during the height of the pandemic, and we believe that telemedicine will continue to be an important tool for patients and providers long after the pandemic subsides.

In particular, we are optimistic that telemedicine can help address health equity issues by increasing access to care for all kids. To that end, we appreciate that this bill would allow for reimbursement for audio-only services for Medicaid patients, recognizing that there are sometimes barriers to reliable internet access for a portion of our patient families. However, we are concerned that in Section 2-(b) of SB 1022, audio-only visits for out-of-network providers

would not be permitted, meaning that for those insurers who establish closed networks, some patients would be prevented from receiving care from their preferred provider via audio-only technology.

If insurers are permitted to establish closed networks for telehealth services, some patients could lose access to their pediatric providers, compromising continuity of care. We strongly believe that local providers who know a patient family and who understand the local resource landscape should be equally available to all children. Families may be responsible for higher cost sharing provisions for out-of-network care, and as a result, some might be unable to afford telehealth services with their regular provider, who they know and trust. We believe this is an issue of health equity because higher cost sharing obligations would impact lower income families the most.

Telehealth helps bring the unique expertise of Connecticut Children's specialty physicians to kids in every corner of the state, kids in urban and rural settings, and kids whose families lack access to reliable transportation. During the pandemic and into the future, the use of telehealth services will help improve children's access to the high-quality pediatric health care provided by Connecticut Children's experts, no matter their zip code or household income level. Through virtual consultations, our doctors can also share best practices, care protocols and guidance with community pediatricians as well as community hospital providers. Not only does this help reduce hospital visits, it allows children to receive care in a more familiar location and without having to find transportation, have parents take as much time off of work, and travel a great distance to one of our physical locations. Improving the state's use of telemedicine would allow more children to receive specialized care in the comfortable and familiar setting of their home or their close-to-home pediatrician's office or community hospital.

At Connecticut Children's, we treat many kids with complex medical conditions and immunodeficiencies. For many patients, traveling outside of the home for medical appointments is an immense physical and oftentimes emotional challenge any time of year, not just during the recent COVID-19 pandemic. Allowing more visits to be conducted virtually is significantly easier and safer for many patients and can also be more effective for treating children with behavioral challenges who may be unhappy or uncomfortable in a traditional medical setting.

For some of our patients like 16-year old Lauryn who is on the autism spectrum, telemedicine has supported continuity of care. Lauryn has been able to continue her twice-yearly appointments with Developmental Pediatrician Dr. Rob Keder by scheduling virtual visits that keep her and her parents safe during the pandemic. Dr. Keder is helping Lauryn and her parents access services that support her success in school and plan for her transition to adulthood.



For others like 3-year old Jackson, virtual visits with his gastroenterologist, Dr. Singhal, make it easy to get the care he needs without leaving the house. Jackson sees Dr. Singhal for chronic

constipation, a condition that needs careful monitoring. Even though his family lives very close to the doctor's office, his mother, Shelley, found virtual visits much more convenient because

she is a working mom with two kids under age 4. For Lauryn and Jackson, telemedicine is a tool that helps Connecticut Children's provide the care they need, when they need it, in a way that meets the specific needs of their families.

Additionally, we know that a child's health is determined by a myriad of factors, most of which occur outside of the traditional healthcare setting and are often referred to as the "social determinants of health." Factors like lack of access to reliable transportation and an unpredictable job schedule for parents can sometimes make it challenging for families to make it to every in-person appointment on-time. Allowing for appointments to be conducted via telemedicine, when appropriate, can help families better adhere their children's care plans and help prevent missed appointments that may lead to poorer health outcomes.

Furthermore, as we consider the future for pediatrics, we know that telemedicine has an important role to play. Connecticut Children's looks forward to partnering with the state to find innovative solutions to improve health outcomes for children, including integration of telemedicine in schools and other appropriate community settings.

Before I conclude, I would like to share a concern regarding Section 1-(b) of SB 1022, which would put the onus on an individual telemedicine provider to confirm coverage for telemedicine in a patient's insurance policy. Typically, patients are charged with understanding their insurance coverage, and whether a provider is in-network or out-of-network. In addition, Section 1-(i) stipulates that providers may only be reimbursed at Medicare rates for a visit that is considered out-of-network for the patient. We believe that the amount charged should be in line with the entity's financial assistance policy, and not specifically bound to Medicare rates, as is suggested in lines 202-207 of the bill. Finally, I would urge the legislature to adopt reimbursement rate parity for telehealth and in-person visits. We believe that telehealth has an important role to play in pediatric healthcare delivery and can be just as effective for providers and patients as in-person visits in many circumstances.

Thank you for your consideration of this position. If you have any questions about this testimony, please contact Emily Boushee, ([eboushee@connecticutchildrens.org](mailto:eboushee@connecticutchildrens.org)), Government Relations Associate.