

March 14, 2021

Public Health Committee
Insurance and Real Estate Committee
CT General Assembly

Dear Committee Chairs, Ranking Members, and Distinguished Members:

My name is Dr. Jessica Guite and I am respectfully submitting testimony **in support of SB 1022/ HB 5596 An Act Concerning Telehealth**. I am submitting this as a licensed clinical psychologist, clinical researcher, healthcare innovator, Associate Professor in Residence at the University of CT, member of the Connecticut Psychological Association (CPA) and as a constituent of District 1. Through my professional roles I have gained broad perspective on the public health need for access to behavioral health assessment and treatment services in the state of CT and beyond. I am in strong support of this bill because it will provide critically needed permanency for access to -- and parity of pay for -- telehealth delivered services.

Telehealth must become a permanent option. The present syndemic of co-occurring crises – the COVID-19 pandemic, the economic crisis, and the social determinants that impact health inequities – are currently interacting with each other and generating excessive disease burden for our state. These current challenges have further escalated the need for greater access to behavioral health providers and the support services they provide. Services provided through telehealth have proven essential for eliminating access barriers to behavioral healthcare during the pandemic. Yet it is in the best interest for persons in need of behavioral health services to continue to have the option to pursue telehealth services permanently.

Telehealth is a valuable tool for improving health equity. It helps with narrowing preexisting gaps in access to mental and behavioral health services and meeting the needs of patients in traditionally underserved areas and communities-- such as older adults, individuals with disabilities, people in rural areas, lower-income families, and racial and ethnic minority communities. Moreover, to help to further ensure equitable access to meet the needs of the broadest range patients telehealth must also include “audio-only telephone” communication. Furthermore, telehealth is an important tool for advancing integrated healthcare and improved behavioral health access as a matter of public health. The framework set forth in the recently released CT Office of Health Strategy 2020-2023 Strategic Plan <https://portal.ct.gov/-/media/OHS/docs/CT-OHS-Strategic-Plan-2020-2023.pdf> includes a vision for integrated, high quality healthcare that is affordable and equitably accessible to all and telehealth will unquestionably be necessary to achieve this vision.

Parity of payment for telehealth services is critical. Not only is parity of payment for telehealth the right thing to do, but it is necessary for providers to sustainably provide this service delivery option. Without payment parity, access to mental and behavioral health services will decrease at a time when there is unprecedented demand for these services. It is important to ensure private payers will provide parity in payment and for this to be extended to all mental and behavioral health providers, not only those who are considered "in-network" since panels are often quite limited.

Scientific research supports tele-mental health delivered services are effective for assessment and treatment of various diagnostic conditions. A recent publication by Doran & Lawson (2021) summarizes a breadth of research supporting that, in comparison to face-to-face services, tele-mental health delivered services are comparable in terms of overall effectiveness (Hilty et al., 2013; Richardson et al., Elhai, 2009). More specifically, efficacy for tele-mental health assessment and treatment has

been demonstrated across the lifespan (e.g. Myers et al., 2011; Holden & Dew, 2008) and for a wide range of conditions including:

- depression (Fortney et al., 2013; Khatri et al., 2014)
- anxiety/panic (Yuen et al., 2013)
- PTSD (Morland et al., 2020; Turgoose, Ashwick, & Murphy, 2018)
- substance use (Frueh, Henderson, & Myrick, 2005)

We are currently expecting prolonged elevated rates of behavioral health needs including PTSD, anxiety disorders, complicated grief, and social and financial hardships that contribute to major depression and other mental health diagnoses for individuals across the developmental lifespan. Telehealth will help to address the pressing need for services and the ripple effect of barriers that economic hardship and lack of time or scheduling flexibility can impose by eliminating the added need for travel time to and from appointments. Individuals in need of services may find the added travel time an insurmountable barrier to participation. If limited flexibility for time away from work or family responsibilities exists, elimination of travel time and transportation logistics may alleviate this barrier and allow for greater engagement in services. In this way, tele-behavioral health services can facilitate access to lower acuity care sooner, which can help to reduce the demand for limited higher acuity and inpatient behavioral healthcare services within the state.

In conclusion, I urge you to support of SB 1022/ HB 5596 An Act Concerning Telehealth.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jessica W. Guite PhD". The signature is written in a cursive style.

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