

**Testimony IN SUPPORT of
HB 5596/SB 1022 “An Act Concerning Telehealth”
March 15, 2021**

I am a physician practicing psychiatry in New Haven, and I reside in Branford. I am on the clinical faculty of the Yale Department of Psychiatry. I am submitting testimony in strong support of HB 5596/SB 1022 “An Act Concerning Telehealth.” This testimony reflects my own personal opinion and does not reflect the opinion of the Yale School of Medicine.

In March 2020 when the pandemic hit, mental health providers quickly transitioned patients from in-person to telehealth services. Initially, the transition from in-person to telehealth required a steep learning curve for both patients and practitioners. Despite initial challenges, most patients and practitioners adapted well. In fact, today, many praise the benefits of telehealth, especially for patients with mental health and substance use conditions, which has resulted in expanded access to care for many patients.

For example, while in-person visits are preferable in most circumstances, they are not always possible: transportation difficulties, mobility issues, getting time off from work, and lack of adequate child-care often prevent patients from making and/or keeping their appointments. As a result, some patients may never seek mental health care, while others may miss appointments and disrupt their medication, psychotherapy and other treatment interventions. Telehealth allows patients to more easily make and keep their appointments, which may lead to more consistent treatment, and decrease the likelihood that emergent care and hospitalization will be required.

In addition, patients with certain mental health conditions may do better with telehealth than in-person meetings. For example, some patients may require specialized treatment services, and if that provider is located on the other side of Connecticut, travel difficulties with treatment disruptions that lower health outcomes may result. For other patients, the symptoms of their mental health condition may make leaving their home frightening and even exacerbate their underlying condition. Telehealth allows crucial mental health services to enter patients’ homes without undue upset or hardship.

It is critical that audio-only telephonic services are included in this legislation. Since telehealth requires a device (e.g. a smartphone, computer or tablet), experience with technology, and access to Broadband/high quality internet, some patients may not be able to access telehealth. They may lack a device, be unable to use technology (e.g. due to disability, age, cognitive impairment, lack of education) or live in an area without access to Broadband/high quality internet. For these patients, audio-only telephonic treatment is key when an in-person visit is not possible.

The current declared state of emergency for the pandemic will soon end. Once the emergency measures are lifted, provisions that permit the current broad range of telehealth services to be provided will end, too. This will substantially disrupt critical mental health services for many

Connecticut residents, which may lead to worsening symptoms, and greater risk of emergency room visits and hospitalization.

HB 5596/SB 1022 provides Connecticut with much of the necessary language to continue to authorize and provide reimbursement for telehealth and audio-only telephonic services after the emergency measures for the pandemic are lifted. The Public Health Committee and the Insurance and Real Estate Committee may want to consider adding in additional language to these bills. Two useful resources to consult are:

- The Center for Connected Health Policy (CCHP) released their 2020 report “State Telehealth Laws and Reimbursement Policies” which offers a substantive description, on a state by state basis, of state health policies, laws, and regulations, with a special focus on Medicaid. Here is the link to the CCHP report:
<https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>
- The American Psychiatric Association has developed language for model state legislation to expand insurance for telehealth which can be accessed here:
<https://www.psychiatry.org/psychiatrists/advocacy/state-affairs/model-telemedicine-legislation>

I urge you to please support HB 5596/SB 1022. Telehealth services, including audio-only telephonic services, with payment parity for in-person visits, must be continued after the pandemic emergency measures end. Telehealth services provide better continuity of care to people with mental health and substance use conditions than in-person visits alone and remove barriers to treatment for many people with mental health and substance use conditions. Telehealth services are an excellent way to work to expand access to care for many Connecticut residents.

Thank you for this opportunity to comment, and please do not hesitate to contact me with any questions at my email: katherine.kennedy@yale.edu

Sincerely yours,

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