

Katherine Kohrman, Psy.D.

March 14, 2021

Dear Members of the Public Health Committee:

My name is Dr. Katherine Kohrman and I am a licensed clinical psychologist, living and working in Newtown, Connecticut. I am a member of the Connecticut Psychological Association. I am writing in support of SB 1022/ HB 5596 An Act Concerning Telehealth.

During the COVID19 health emergency, telehealth became crucial to me and other psychologists across the state delivering mental and behavioral health services. Telehealth allowed patients to seamlessly continue their therapy despite quarantine restrictions. In fact, shifting to telehealth increased accessibility to services. As a sole practitioner, I was able to increase my available hours due to the added flexibility of telehealth. Patients too, had greater flexibility without having to leave their house or manage work hours and child care restrictions. I have delivered most of this care over a HIPAA compliant video platform, but occasionally when a patient's internet was not strong enough or they had to retreat to their car for privacy, I have relied on audio only cell phone to conduct therapy.

I was extremely hesitant last March in making this shift to telehealth, worrying that I would not be able to have the same emotional connection with my patients. I have been wowed by quite the opposite. Telehealth can be equally as impactful and lead to profound change and healing. The therapeutic relationship – the emotional bond and the trust between a therapist and a patient-- that facilitates this healing process, occurs equally well over telehealth as it does in person. So much so that I have lost track of which of my patients I have never actually met in person! I would like to be able to continue offering telehealth as a legitimate and effective form of treatment.

Parity of payment for telehealth is a particularly critical component of this bill. Parity of payment will allow me and other psychologists to sustainably provide this service delivery option. Without payment parity, access to mental and behavioral health services will decrease. Without payment parity, I would not be able to offer telehealth services regularly in my practice due to financial limitations.

Providing ongoing telehealth services in addition to traditional face-to-face services is essential to increasing access to services. This includes the option of audio-only telehealth services as well, as it has been critical during unexpected disruptions to video connections.

Research and training for telehealth service delivery has demonstrated it is safe and effective. Psychologists have been delivering therapeutic services via telehealth within the Department of Defense, as well as in most states, for at least 10 years. The COVID19 pandemic simply expanded the use of telehealth abruptly for all psychologists across the country, simultaneously. Through the Connecticut Psychological Association and the American Psychological Association, I was able to receive immediate training on providing telehealth psychological services, both with expert telehealth psychologists and with ethic and risk specialists through my professional insurance carrier.

Telehealth service delivery will continue to allow Connecticut psychologists to reach more people in need of our services. I urge your support of SB 1022/ HB 5596 An Act Concerning Telehealth.

Respectfully, Katherine Kohrman, Psy.D.

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