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**March 15, 2021**  
**Public Health and Insurance & Real Estate Committees**  
**H.B. 5596 An Act Concerning Telehealth and**  
**S.B. 1022 An Act Concerning Telehealth**

Good morning Senator Lesser, Senator Abrams, Representative Wood, Representative Steinberg, Senator Hwang, Senator Somers, Representative Pavalock-D'Amato, Representative Petit and members of the Insurance & Real Estate and Public Health Committees:

My Name is Tanja Larsen. I am a Licensed Clinical Social Worker and represent Community Child Guidance Clinic in Manchester, CT. We provide a range of mental health services to children throughout the state.

Thank you for the opportunity to provide testimony in **support of H.B. 5596 and S.B. 1022**, Acts Concerning Telehealth. We support efforts in the legislature to codify the expansion of telehealth services that has occurred over the last year, ensuring that Connecticut:

1. **Continues to pay for telehealth at the same rate as in-person visits and allows services to be delivered from any setting:** Payment should be based on the treatment provided, not the location of from where the service is provided. Telehealth has added costs to providers who are maintaining physical offices as well as paying costs for telehealth.
2. **Allows telephonic/audio only sessions:** This is important to ensuring access to care for people who do not have access to technology needed for video conferencing
3. **Allows the use any HIPAA compliant platform:** This allows providers to meet clients where they are, on platforms they are comfortable with and knowledgeable using.

Since COVID-19 hit, mental health services have been imperative to the functioning of our children and families. The ability to bill Medicaid for telehealth has provided people a chance to talk to their providers without risk of exposure to both clients and staff, as well as eliminate many barriers in access to care.

As a someone trained to provide therapy, I initially was hesitant to implement telehealth into our services. Once the pandemic hit and Connecticut's Medicaid program authorized tele-health, I had to get on board and establish an infrastructure to provide virtual care in a matter of a weekend. This included purchasing laptops and cameras, contracting and training staff in the use HIPAA compliant virtual meeting platforms, and implementing user friendly software to collect virtual signatures. In addition, we supported our clients with the transition. As a nonprofit provider it was an enormous unplanned expense. But it has allowed us to continue to provide support to children and families who struggle every day.

It has been almost a year later, and I now have a true understanding of how beneficial telehealth is to the behavioral health care system. Being able to provide therapy virtually has eliminated many barriers in our care. It can be a real challenge for some parents/caregivers to routinely get to their appointments due to the demands of

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family life. Inconsistent transportation, no gas money, unreliable nonemergency transport services can often impede the family from attending their appointments. Childcare for siblings and complicated schedules are easily managed with virtual therapy as an option. If one family member is sick; the child or caregiver can still attend a virtual appointment without risk to spreading in illness and feel a sense of relief that they are meeting the needs of the child with mental health struggles.

It is amazing how supportive and productive tele-behavioral health can be. In some cases, it is even more effective. Some youth who present with debilitating anxiety and refuse to enter the building can sign into a telehealth appointment with ease from that social pressure. A Clinician can be more flexible in their scheduling by offering a telehealth appointment when there a crisis, risk of safety due to suicide or aggression. Parents do not have to struggle with revamping their whole schedule to transport the child to therapy or engage in a power struggle to get them into the building. We expect that some children and families will continue to use telehealth services after the pandemic emergency ends.

Because the authorization to provide telehealth services in Connecticut’s Medicaid program came out the day before the state largely closed in March, and nonprofits primarily serve Medicaid members, most community providers did not have a robust telehealth infrastructure in place prior to the pandemic. They had to design a system overnight, including the purchasing of laptops, online security and privacy systems, virtual meeting platform licenses, issuance of smartphones to regular patients. These investments have been made at enormous expense, much of it unplanned, with promising results that suggest continuing to use these systems after reopening the state will lead to increased service delivery, efficiency and effectiveness.

The use of telehealth services will continue to be important during the transition period during which site-based programs resume full in-person operations, but some families will continue to experience anxiety in meeting face-to-face. For other families, the availability of telehealth services have dramatically increased their engagement in services and treatment and broken down barriers like transportation, child-care and more. We expect these people will continue to use telehealth services after the pandemic emergency ends.

While the end of COVID-19 lockdown is in sight, telehealth is here to stay. We urge the Committees to pass robust telehealth legislation that guarantees all people in Connecticut will continue to have access to telehealth services using the device of their choosing, and that providers continue to be paid at the same rate as in-person services moving into the future.

Thank you for your consideration of this important issue.

Tanja Larsen, LCSW

A handwritten signature in black ink, appearing to read 'Tanja Larsen', with a stylized, flowing script.

Executive Vice President

