

Written Testimony in support of H.B. 5596 and S.B. 1022, Acts Concerning Telehealth

Testimony Submitted by Leigh Nathan, MD

Good morning members of the Insurance & Real Estate and Public Health Committees.

My name is Leigh Nathan, I am a physician, practicing psychiatry in hospitals and publicly funded mental health clinics in Connecticut since 2014. I currently provide direct clinical care including medication assisted treatment for substance use disorders to patients at BHcare in Branford. I am also a psychiatric consultant with Supportive Housing Works, a homelessness prevention nonprofit in Fairfield/Western Connecticut. I speak to you today in support of HB 5596 and SB 1022 regarding Telehealth.

I would like to share with you my experience as a physician treating patients using Telehealth. In summary, my experience with Telehealth has been extremely positive. My observations include:

Increased Opportunities for Engagement

- Patients who face transportation barriers are for the first time able to engage reliably in care. There are patients who I had not been able to meet in over a year of working at my clinic due to transportation barriers who I could finally meet and treat.
- Patients who work often attend healthcare visits without leaving the worksite; they often attend from their cars or a private area at work. In the midst of the opioid epidemic, I have been able to provide care to people in recovery from opioid use on medication-assisted treatment who would not have been able to leave their workplaces to receive the necessary level of care.

Inclusion of Family and Natural Supporters

- Additional clinical information can be obtained from family members who would otherwise not be available for the visit and are often within earshot of the patient during the visit.
- Family members who work and who want to participate in their loved ones' visit are able to do so from work while their loved one remains at home.

Safety

In addition to reduced transmission of communicable diseases, notable observations relating to safety include:

- Information about medications can be clarified in real-time, with patients often getting up from the telehealth visit to retrieve the bottles of medications and can read the labels to me. This has resulted in correction of medication list discrepancies that would otherwise not have been detected.
- Patients whose circumstances include domestic violence can engage in care in a manner more suitable for them.
 - o Our clinic often serves patients who know each other, including people who have experienced domestic violence and the people who may have been violent towards them. Telehealth offers the opportunity for two people who know each other to receive care without potential interactions in our offices.
 - o Our clinic serves patients who experience domestic violence in their homes and may require an in-person visit at times and home-based visits at others, depending on the

day-to-day nature of the violence. Willingness or availability of a household member (including an abusive one) to provide transportation to healthcare visits can fluctuate widely.

Benefits for Healthcare Workers

- Privacy. With telehealth, healthcare workers who seek mental health services can do so from any provider in the State, easing privacy concerns that arise from being a patient of colleagues in the geographic area in which they work or live.

Telephonic/Audio-Only Care

- Telephonic Care has been essential for individuals who do not have access to or understanding of video-based technologies, or who do not have access to wifi or cellular data service to carry a video signal. This circumstance is common in patients who are housed and those who are homeless, and is much more common than I previously suspected.
- There is a critical need for focused technical assistance to support patients in both knowledge and access to video-based devices that can support telehealth. I support the creation of funding for this work. Currently, healthcare workers such as physicians and therapists are left to attempt to incorporate this into our preexisting clinical duties, often without success.
- Telephonic care has permitted access to care that would otherwise not have been possible, especially by those who face transportation barriers and domestic violence. When I think of the clinical situations in which I have intervened through telephonic care that I had not been able to before COVID, I cannot help but think of the magnitude of assistance that could have been provided prior to COVID via reimbursed telephonic care.

In-person Care Continues

- My agency must operate a bricks-and-mortar facility as well as all other costs of operating a clinic, in addition to the additional costs of telehealth including the technological platform and additional hardware costs.

Recommendations

As a result of the above, I offer the following recommendations to the Committee:

- Please support H.B. 5596 and S.B. 1022, which will permit improved understanding of the role of Telehealth in healthcare, including psychiatric and behavioral health services for mental health and addiction, in Connecticut.
- Please support measures that fund the current use of telehealth and opportunities to expand its use.
- Telephonic care must continue to be reimbursed as a clinical service, as it is the only manner by which I may reach a substantial number of patients who lack access to video or office-based care. Please support measures that fund technical assistance to patients so that they can advance to video-based care.

I am grateful for the opportunity to share this with you today. Thank you for your consideration of this important issue.