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Dear Members of the Public Health Committee:

I am a licensed clinical psychologist and a constituent of District 8 as I live and work in West Hartford. I am an active member of the Connecticut Psychological Association and the American Psychological Association. I am writing in support of SB 1022/ HB 5596 An Act Concerning Telehealth.

During the COVID19 health emergency, telehealth became necessary for psychologists to deliver mental and behavioral health services. Telehealth allowed patients to seamlessly continue their therapy despite quarantine restrictions. Additionally, including phone-only service increased accessibility to services.

Parity of payment for telehealth is a particularly critical component of this bill. Not only is parity the right thing to do, parity of payment will allow providers to sustainably provide this service delivery option. Without payment parity, access to mental and behavioral health services will decrease.

Providing ongoing telehealth services in addition to traditional face-to-face services is essential to increasing access to services. Audio-only telehealth services is another critical component of this bill that directly connects with access to our most vulnerable patients. Furthermore, audio-only has been essential for patients without access to consistent and private internet services, financial hardship, complex social and environmental factors; as well as, during unexpected disruptions to visual and audio connections.

Research and training for telehealth service delivery has demonstrated that 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 for all psychologists across the country, simultaneously. As a member of Connecticut 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.

As we continue to navigate the uncertain course of the pandemic, providing consistent and reliable service and care for our patients, telehealth is a necessary delivery component and part of the complex healthcare puzzle that will provide relief for access problems due to many factors. For example, in my practice, there have been times when patients would only be able to meet over telehealth due to COVID-19 exposures in their family and related quarantining. Imagine how difficult it might be for a patient to not be able to access psychological services for several weeks simply because they were exposed to COVID in the workplace or their child's classmate tested positive to COVID. I have several clients who have quarantined at least 3 times since January! Furthermore, there are times when the psychologist must quarantine due to COVID-19 exposures.

Imagine what it might be like if one's psychologist had to close down their practice for several weeks due to quarantine and was not able to see their patients at all because there were no longer telehealth provisions? With psychotherapy one can't just ask a colleague to jump in and take over for a few weeks. These disruptions can occur often and may happen more and more as psychologists return to the office and provision of more in-person services. Finally, exposures quarantining aside, careful screening for in-person treatment prohibits patients from being seen if they have any symptoms at all, which causes frequent need to pivot to telehealth. Without telehealth, provision of psychological services would be erratic at best. These are just a few of the many circumstances that make telehealth services a necessary component of the COVID-19 pandemic healthcare crisis.

I urge your support of SB 1022/ HB 5596 An Act Concerning Telehealth.

Respectfully,

Susan E. Peterman, PhD  
Licensed Psychologist