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Written Testimony in support of An Act Concerning Telehealth (H.B. No. 5596 and S.B. No. 1022)

submitted to the Public Health Committee and Insurance and Real Estate Committee

Joseph L. Quaranta, MD, President & CEO Community Medical Group, Inc.

March 15, 2021

Thank you for the opportunity to provide testimony in support of expanding access to telehealth services and to share how telehealth has allowed health care providers to deliver care during the COVID-19 pandemic. My name is Joe Quaranta. I am an adult primary care physician in private practice in Branford. I am also the President and CEO of Community Medical Group (CMG).

CMG is an independent practice association, or IPA, with more than 1000 member physicians and associated clinicians working in approximately 250 practices. Our practices are located across Fairfield, New Haven and New London Counties. We are completely physician led and governed. Our practices remain independent, but have joined CMG to work together with other like-minded community-based practices. Our focus is on improving the quality and efficiency of care delivered by our clinicians and ensuring that our patients receive the best experience. The overwhelming majority of our practices are small businesses with multiple employees providing local employment opportunities in our communities, and CMG is dedicated to preserving these independent practices which are a vital component of the healthcare delivery network in Connecticut.

As a physician partner in a small medical office and as President and CEO of an organization representing community-based physician groups, I have experienced first-hand how telehealth has enabled providers to deliver safe and effective care prior to and during the COVID-19 pandemic. In my case, as a practicing primary care physician, I routinely cared for (and continue to care for) patients using telehealth, and my patients are grateful for the opportunity to receive care safely from the comfort of their own homes. Many of our CMG members have also seen significant increases in telehealth services. Given the high level of satisfaction from both patients and providers that we have witnessed, I believe most providers and patients will want to continue using telehealth services post-pandemic.

In response to COVID-19, federal and state governments lifted many barriers to telehealth that were preventing providers from caring for their patients remotely. CMG strongly supports these policy changes; however, more needs to be done to ensure that telehealth is more accessible to patients and that more providers are able to deliver care using telehealth. These changes also need to be made permanent so that patients and providers know they will have permanent access to high quality telehealth services. At a minimum, any legislation should reflect the following principles:

- Eliminate insurer practices of creating separate telehealth networks, and allow any willing contracted provider to provide telehealth services directly to new and established patients, without requiring that they contract with a specific telehealth service or network. The following draft language provides an example that would address this policy change:
 - *Health insurers shall be required to allow all in-network health care providers to deliver clinically appropriate, medically necessary covered services to insureds via telehealth.*
- Ensure mandatory coverage and payment for all medically necessary services that can be appropriately delivered via telehealth by all plans and payers.



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- Treat telehealth services the same as in-person visits and paid at the same rate as in-person services. Providers have not appreciated decreased costs due the implementation of telehealth services. We have had to maintain our existing infrastructure to continue to provide in-person services, while adding the costs of supporting telemedicine services.
- Prohibit insurers from imposing payer-specific requirements on the type compliant technologies used to deliver telehealth services (including any limitations on audio-only or live video technologies). Rather there should be a common standard utilized for all patients determined by appropriate federal and/or state governments.
- Ensure that any requirements and parameters imposed by insurers for telehealth services not be more restrictive or less favorable to health care providers, insureds, enrollees, or members than are required for health care services delivered in person.
- Allow coverage and payment for all telehealth modalities, including voice only.
- Prohibit insurers from imposing global payment restrictions on medically necessary health care services rendered subsequent to an initial telehealth visit and ensure that such subsequent visits shall be paid at contracted rates. The following draft language provides an example that would address this policy change:
 - *No health insurer shall impose global payment restrictions on medically necessary health care services rendered subsequent to an initial telehealth visit; such subsequent visits shall be paid at contracted rates.*
- Mandate medical malpractice coverage for telehealth services, including those rendered across state lines. The following draft language would address this policy change:
 - *Each policy for professional liability insurance, as defined in subdivisions (1) (physicians and surgeons), (4) (dentists), (8) (podiatrists), (9) (advanced practice registered nurses), and (10) (physical therapists) of section 38a-393(b) of the general statutes, shall provide coverage parity between telehealth services and in-person medical services; such telehealth coverage shall extend to medically necessary and clinically appropriate services conducted across state lines.*

These are not the only policy changes that are necessary to ensure that patients can continue receiving safe and effective telehealth services post-pandemic, but they are the most critical ones that must be addressed. I urge the committees to act on this issue during this legislative session and to support H.B. No. 5596 and S.B. No. 1022 taking into consideration the policy changes outlined above.

Thank you again for the opportunity to testify, and I welcome your questions.

Respectfully submitted,

A handwritten signature in black ink that reads "Joseph L. Quaranta, M.D." The signature is written in a cursive style.

Joseph L. Quaranta, MD