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Testimony of Planned Parenthood of Southern New England
in support of raised Senate Bill 1022 *An Act Concerning Telehealth* and
raised House Bill 5596 *An Act Concerning Telehealth*
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Senator Abrams, Senator Lesser, Representative Steinberg, Representative Wood, and honorable members of the Public Health and Insurance and Real Estate Committees, my name is Gretchen Raffa, Senior Director of Public Policy, Advocacy and Organizing at Planned Parenthood of Southern New England (PPSNE) testifying in support of raised Senate Bill 1022 *An Act Concerning Telehealth* and House Bill 5596 *An Act Concerning Telehealth*. As the state's largest provider of family planning and sexual and reproductive health care to nearly 62,000 patients last year at 14 health centers across the state, Planned Parenthood believes all people should have access to quality, affordable health care — regardless of who you are, where you live, your income or if you have health insurance.

At PPSNE, we know people's sexual and reproductive health care can't wait—especially during a public health crisis. As our state's health care system was impacted by the strain of the COVID-19 pandemic, patients in Connecticut were often left with the difficult decision to potentially defer care and treatment. While the pandemic continues to widen and worsen existing inequities in health care access, telehealth services prevent delays and setbacks in care that could impact people's long-term health for years to come. Our ability to offer telehealth as an option to provide essential sexual and reproductive health care and primary care services has been crucial to keeping people home, keeping people safe, and keeping people healthy.

PPSNE's virtual telehealth visits over the last year has provided uninterrupted access to birth control, STD/STI testing and treatment, gender-affirming hormone therapy, primary care, HIV prevention medication, and treatment for a range of chronic and acute conditions and connects patients to the health care providers they know and trust. Since March 2020, PPSNE has conducted more than 18,550 telehealth visits through the end of February 2021 — reaching patients who might otherwise have struggled to take time off or arrange transportation or childcare to come in-person to a health center. In 2020, about 21% of telehealth visits were by patients new to PPSNE.

Our telehealth services expand access to high-quality and affordable sexual and reproductive care, especially for those who often face systemic barriers to health care and who are also disproportionately impacted by COVID-19. We know the pandemic disproportionately impacts communities of color and, specifically, Black and Latino/a/x residents are more than three times as likely to contract this coronavirus than white residents in Connecticut. Black and Latino/a/x patients in Connecticut are almost twice as likely to die from COVID-19 as white patients. While COVID-19 ravages communities of color, it is essential we continue to use telehealth to make sure people can access the care they need and support those measures that keep people safe and limit potential exposure.

Diagnosis and treatment through telehealth virtual visits helps conserve public health resources in our communities and keeps people out of hospitals, community health centers, and urgent care centers. Telehealth also allows health care providers like PPSNE to provide continued care for patients with chronic conditions like asthma and diabetes who could be at risk of life-threatening complications if exposed to COVID-19. And, while telehealth remains a crucial way to access health care during this pandemic — our experience has shown that patients overwhelmingly appreciate the flexibility and availability in access, making high-quality and cost-effective

preventive health care available by phone or video to residents across the state, no matter how far they live from one of our health centers. COVID-19 has proved that people need more health care – not less – and telehealth is a critical solution to expand access to care.

We are thankful for the state and federal government's immediate action steps taken to make telehealth more accessible during this public health crisis which has ensured more people have access to health care. We know that increasing access to telehealth does not address all the inequities in health care access and coverage and will not replace in-person visits.

We thank the Committees for prioritizing the continuation of insurance coverage for telehealth services and for recognizing the important of payment parity for telehealth for providers to be reimbursed at the same rate as in person visits for delivering equivalent care.

We also thank the Committees for recognizing the importance of an audio-only telehealth option to allow patients to use their telephone for their visit if video option is not accessible for that person due to barriers including lack of technology or internet access. Audio-only option also benefits other populations such as older adults. We know that gaps in internet accessibility and reliable broadband connections are issues for certain regions of the state, especially Connecticut's rural communities. These technology limitations especially impact people with low incomes and young people and may prevent them from fully realizing the benefits of telehealth. It is imperative that the state also invests in expanding broadband and wireless access.

We recommend this bill be amended and the in-network-out of network distinction be removed altogether both in the definition of "telehealth provider" and audio-only coverage. The bill only allows telehealth to include audio-only if the telehealth provider is (I) in-network, or (II) a Medicaid-enrolled provider providing health care to a patient enrolled in Medicaid and it should not limit audio-only in this way. There is a very similar issue in the definition of "Telehealth provider" to mean "any person who is an in-network provider or a Medicaid-enrolled provider providing health care to a patient enrolled in Medicaid." There should not be this distinction in the definition of a provider. This is an effort to limit required reimbursement for private insurers for telehealth delivered by out of network providers and we strongly believe that telehealth services should be available and covered regardless of the choice of provider.

All people need and deserve equal access to comprehensive health care, including sexual and reproductive health care. Telehealth has been one option to ensure continued access to care at PPSNE for thousands of patients through this public health crisis. Care through telehealth is an important option for our patients that must continue permanently, which is why we support S.B. 1022 *An Act Concerning Telehealth* with suggested amendments and urge passage before the current Executive Order expires on April 20, 2021. Thank you for your time and consideration of this important legislation.