

**TESTIMONY OF
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SUBMITTED TO THE
PUBLIC HEALTH AND INSURANCE AND REAL ESTATE COMMITTEES
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HB BILL 5596 and SB 1022

Gaylord Hospital appreciates this opportunity to submit testimony concerning **HB Bill 5596 An Act Concerning Telehealth and SB 1022 An Act Concerning Telehealth**. Gaylord Hospital supports these bills.

Gaylord Specialty Healthcare is a rehabilitation-focused nonprofit health system that provides inpatient and outpatient care at every point in a patient's journey from illness and injury to maximum recovery. It is anchored by Gaylord Hospital, a long term acute care hospital (LTCH), and includes Gaylord Outpatient Services and Gaylord Physical Therapy for patients who require treatment on an outpatient basis. Together, these entities deliver a complete continuum of medical and rehab care driven by technology, research, clinical experience and human compassion.

Gaylord Hospital discharges about 1500 patients per year. These patients are admitted to Gaylord from a short term acute care hospital often directly from an intensive care unit. The medical complexity is significant. The patients have multiple comorbidities and require hospital level of care with a length of stay (LOS) that far exceeds the average short term hospital LOS. They usually require intensive physical, occupational and/or speech therapy. The plan of care is complex. Gaylord has many consultants from a variety of specialties on staff. However, there are times that it is only medically appropriate for the patient to see the provider who cared for them in acute care. Gaylord has a wide array of diagnostic services but cannot provide highly specialized procedures. Therefore, the patients need to go off site to receive the necessary care.

Since the Public Health Emergency (PHE) in late winter of 2020, all outpatient areas saw a significant decrease in visits. Volume from FY 20 was 14% of FY19. Since March of 2020, there have been over 4,000 telehealth visits for nearly 700 individual patients. The no show rate for telehealth visits is significantly less than in-person appointments. With the additional option for virtual visits, overall patient satisfaction has increased 5% and the Global Rate of Change Scale saw a 2% increase.

Telehealth uses technology to connect patients to a wide variety of vital healthcare services and increases access to primary care physicians, specialists, and other providers. Telehealth helps

ensure that options are available for patients to receive the right care, at the right place, at the right time.

Overall patient care will be improved by retaining the significant advancements in telehealth utilization and reimbursement flexibilities that were put in place because of the COVID-19 pandemic. Although the pandemic was the catalyst for the rapid expansion of telehealth utilization, the experience gained has demonstrated that telehealth is an essential method for delivering a variety of healthcare services, even after the public health emergency ends.

To that end, Gaylord Specialty HealthCare supports development of a robust telehealth system, guided by the following principles as outlined by The Connecticut Hospital Association (CHA):

- Medical and behavioral health services delivered through telehealth should be reimbursed by Medicare, Medicaid, and private payers (both fully insured and self-insured) on par with the same service if rendered in person
- All providers should be allowed to utilize the full range of telehealth modalities, as clinically appropriate
- Reimbursement should include coverage for the full range of telehealth modalities including:
 - Synchronous: Real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer, and sometimes peripheral medical equipment (e.g., digital stethoscopes, otoscopes)
 - Asynchronous: “Store and forward” technology where messages, images, or data are collected at one point in time and interpreted or responded to later
 - Remote patient monitoring: Direct transmission of a patient’s clinical measurements from a distance (may or may not be in real time) to their healthcare provider
 - Payers and health plans should not limit coverage for telehealth services to their own telehealth networks, programs or systems
 - Coverage should be permitted for the full range of medical and behavioral health services for *new* and *established* patients including, but not limited to, medical office visits, behavioral health, rehabilitative therapies, home health, and hospital outpatient and inpatient services
 - Coverage should provide broad flexibility with respect to where both the patient is located at the time of service (originating site), whether at home or in a community or facility-based setting, and where the physician or other practitioner who provides the service is located (distant site)
 - Prescribing authority should be adjusted to fully enable telehealth to the maximum level allowed by federal law ☑ Providers using telehealth should comply with all prescription monitoring programs
 - Providers, in consultation with their patients, should be the ones who decide when telehealth is appropriate for a given patient encounter

- Providers with a valid license in a state hosting the distant site should be permitted to deliver telehealth services, consistent with the scope of practice of their license, to an established patient in a state hosting the originating site, provided both states support the reciprocal arrangement

Both on the inpatient and outpatient settings, Gaylord Hospital has had significant data to show that there is a positive impact on both clinical and financial outcomes. On behalf of Gaylord Hospital, I urge your support of HB 5596 and SB1022 so to continue to provide Telehealth visits to patients with the principles outlined above.

Thank you for your consideration of our position.