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Public Health and Insurance & Real Estate Committees
H.B. 5596 An Act Concerning Telehealth and
S.B. 1022 An Act Concerning Telehealth

Good day Senator Lesser, Senator Abrams, Representative Wood, Representative Steinberg, Senator Hwang, Senator Somers, Representative Pavalock-D'Amato, Representative Petit and members of the Insurance & Real Estate and Public Health Committees.

My name is Stan Soby and I am the Vice President for Public Policy and External Affairs at Oak Hill. Oak Hill has been providing services to people with disabilities for 127 years and is a leader in providing the highest quality community-based programs; through education, assistive technology, programs and advocacy, we support people at every stage of life. Oak Hill, has over 20 distinct programs; some 150 program sites, classrooms, and homes located in 73 towns. Oak Hill employs over 1,700 professionals to successfully help meet the changing needs of close to 40,000 people with disabilities each year. Every day, our dedicated employees work to fulfill our mission - that Oak Hill does set the standard in providing education and lifelong learning opportunities to enhance independence and quality of life for people with disabilities. We are proud to be among the 400+ member agencies of the Alliance, the voice of Community Nonprofits.

Thank you for the opportunity to provide testimony in **support of H.B. 5596 and S.B. 1022**, Acts Concerning Telehealth. We support efforts in the legislature to codify the expansion of telehealth services that has occurred over the last year, ensuring that Connecticut:

1. **Continues to pay for telehealth at the same rate as in-person visits and allows services to be delivered from any setting:** Payment should be based on the treatment provided, not the location of from where the service is provided. Telehealth has added costs to providers who are maintaining physical offices as well as paying costs for telehealth.
2. **Allows telephonic/audio only sessions:** This is important to ensuring access to care for people who do not have access to technology needed for video conferencing.
3. **Allows the use any HIPAA compliant platform:** This allows providers to meet clients where they are, on platforms they are comfortable with and knowledgeable using.

During the pandemic, telehealth has provided people a chance to talk to their providers without adding to crowds and risks in waiting rooms, eliminated transportation concerns for low-income and rural patients, and reduced staff and client exposure to the coronavirus. There have been numerous reports showing that patient engagement is higher for scheduled appointments done virtually than physically.

Our Mission: Oak Hill sets the standard, partnering with people with disabilities, to provide services and solutions promoting independence, education, health and dignity.

Because the authorization to provide telehealth services in Connecticut's Medicaid program came out the day before the state largely closed in March, and nonprofits primarily serve Medicaid members, most community providers did not have a robust telehealth infrastructure in place prior to the pandemic. Providers had to design a system overnight, including the purchasing of laptops, online security and privacy systems, virtual meeting platform licenses, issuance of smartphones to regular patients. These investments have been made at enormous expense, much of it unplanned. Promising results suggest continuing to use these systems after reopening the state will lead to increased service delivery, efficiency and effectiveness.

And, there is an opportunity at this critical time as we all *move forward* to expand into other areas where telehealth has proven to be beneficial and efficient. People with IDD often over-utilize emergency departments because of medical complexity, communication barriers, and residential settings lacking the regulatory and administrative leeway to do anything other than refer any medical question that cannot be resolved immediately to the nearest emergency department. Not only is this extraordinarily expensive for health systems, but it can be immensely taxing on the person.

There are systems used in a number of other states that provide telehealth medical care to people with IDD in their homes with appropriately licensed providers, on a secure platform, with communication to the individual's primary provider for follow up. Reports show as much as an 85% reduction rate in transfers to the ED. Better care and reduced costs. This can be achieved in Connecticut. However, it will be necessary for multiple State agencies to align regulations, policies, directives and practices. The authority to do so should be included in legislation before you.

The use of telehealth services will continue to be important during the transition period during which site-based programs resume full in-person operations, but some will continue to be reluctant to have in-person appointments. For others, especially those identified under-served populations, the availability of telehealth services have dramatically increased their engagement in services and treatment and broken down barriers like transportation, child-care and more. We expect these people will continue to use telehealth services after the pandemic emergency ends.

We at Oak Hill urge the Committees to pass robust telehealth legislation that guarantees all people in Connecticut will have access to all telehealth services possible using the device of their choosing, and that providers continue to be paid at the same rate as in-person services moving into the future.

Thank you for your consideration of this important issue.