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March 14, 2021

**Testifier- Daniel Weiner, MA LPC of Family Resource and Development Center, LLC**  
**Testimony-In reference to SB1022 and HB 5596 – AN ACT CONCERNING TELEHEALTH**

Good morning and thank you to the Public Health and Insurance and Real Estate Committees for Reviewing these bills-SB1022 and HB5596, AN ACT CONCERNING TELEHEALTH. My name is Daniel Weiner and I am the co-owner of Family Resource and Development Center, LLC (FRDC) in Farmington, CT. We are an outpatient, private practice group that specializes in the mental health treatment of children, adolescents, young adults and families. Specifically, we provide care to clients with both commercial insurance and Medicaid coverage. Needless to say, the last year has placed enormous amounts of stress on the children and families in our community. It is unanimously understood that when people- especially young developing minds experience prolonged periods of stress, they are at greater risk of developing significant mental health issues such as anxiety and depression.

According to the Centers for Disease Control and Prevention, between April and October, 2020, hospital emergency departments saw a rise in visits from children and adolescents due to mental health needs. Studies are showing that between 60 and 70% of youth are experiencing noticeable levels of stress, anxiety, depression, isolation, etc. over the course of this past year. In the last 365 days, treatment services at FRDC have increased by 20%,and sadly, we are struggling to meet the demand. Between March of 2019 and March of 2020, we provided approximately 4500 sessions to an average of 300 clients. Between March of 2020 to present, we provided approximately 5400 sessions to over 400 active clients. At the moment our practice, like so many others, is unable to accept more clients and we have a waitlist of approximately 20-30 children, adolescents, and young adults. One major factor for this is that providers are finding it harder and harder to contract with many insurance companies. Simply put, the rates of reimbursement are unacceptable and the work required to meet the contract requirements are often overwhelming.

The truth is that if it were not for our ability to deliver mental health care via telehealth, the severity of mental health conditions would be far worse. Telehealth has expanded access to



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care, especially for lower income households and clients with limited transportation options. Additionally, clients can access care despite minor health issues, inclement weather, child-care issues, school schedule conflicts, etc. And perhaps most important, clients can access care in a far more timely manner when clinical emergencies arise.

The suggestion that telehealth intervention is temporary, less valuable, less therapeutic, and ultimately worthy of less financial reimbursement from insurance companies is hard for those of us providing care to fathom. The services that we have been providing through telehealth platforms are professional, therapeutic and in many cases far more effective for the clients. For instance, when working with children and adolescents, we are finding that the ability to build rapport and help them explore their struggles is often far easier when they are able to work with us in the comfort of their own environment. Additionally, we are seeing fewer rates of missed appointments and late cancellations, which directly correlates with successful treatment outcomes.

While we are hopeful that vaccines will reduce the infection rate for citizens in the coming months, we are certain that the long term impact that this past year will have on future mental health issues will persist and intensify. It is more important now than ever before to meet their needs in the the most effective, accessible, and thorough way possible. As it is, therapists are finding it harder and harder to function while trying to navigate the low reimbursement and labor that is required to work with most insurance carriers. And, as a result, we are seeing more and more therapists removing themselves from insurance panels which only serves to limit client access to care. It is my sincere hope that by reimbursing telehealth services at the same rate as in office services, we will turn the tide and create a greater opportunity for children and families to access the care they so desperately need. We also urge the committee to make telehealth a standard of care that insurance companies cover for all the lives that they insure.

Thank you for your time and thoughtful consideration.

Sincerely,

*Daniel Weiner, MA LPC*