



Insurance and Real Estate and Public Health Committees, March 15, 2021

Testimony submitted by Alison Weir, Policy Advocate and Attorney

Greater Hartford Legal Aid

SB 1022: Support

My name is Alison Weir, I am a policy advocate and staff attorney at Greater Hartford Legal Aid. I am writing in support of Raised Bill 1022. I would urge that the committees fully commit to making telehealth an enduring method of providing health care, and not take the option to study the issue as proposed by Raised Bill 5596, and as a state we so often do.

The legal services programs are big proponents of telehealth. It has been a critical tool during the pandemic, but we have found that its utility goes well beyond the pandemic. Not only has telehealth served to keep our clients healthy by minimizing unnecessary visits to doctors' offices, but it improves access to health care for those with mobility impairments, with limited transportation options (including due to access issues with non-emergency medical transportation under Medicaid) or who are located in remote areas. As wonderful as telehealth can be, however, we caution that its use must **always** be at the patient's *option*.

We applaud the continuation of audio-only as an option for telehealth. Of all the executive orders addressing telehealth, arguably the provisions in EO 7FF (April 24, 2020) allowing for payment for audio-only telehealth services have had the most beneficial effect for our clients. Without this, patients who do not have access to a computer with a camera or a smart phone, or those who had difficulty with the telehealth video software platforms either because of lack of dedicated connectivity or other reasons, would largely have been denied access to their medical providers during the pandemic. Indeed, telephone was far and away the most used method for clinics run by Community Health Center, which reported that 80% of its 125,137 telehealth appointments from March 15 through June 3 were audio only.ⁱ

We also support the expansive list of providers to whom telehealth will be an option for serving their patients. Telehealth has proven successful in connecting patients with providers during the pandemic period. From DSS's presentation to MAPOC on July 10, it is clear that both patients and providers have embraced it, with 245,591 HUSKY members connecting with 13,405 providers over the three months from March 1 through June 30, 2020. Even before the public health emergency, telehealth was recommended as a way to reduce no-show appointments, particularly for behavioral health. Since the public health emergency, providers report fewer missed appointments. Additionally, the efficiency of telehealth multiplies the effectiveness of providers, reducing the impact of staff shortages. Patients also report satisfaction with medical services provided through telehealth.

All that said, we caution that making telehealth a permanent option must always be an **option**—not mandated—for patients. While telehealth has proven very effective, there are many medical services that are best conducted in person, and there also are those individuals, including individuals with certain communication disabilities, for whom in-person visits are always going to be more effective. We recognize, particularly in light of the pandemic, there may be times when a medical provider’s office will be inaccessible, during which telehealth may be the only option. But, when a provider’s office is open, patients should have the option to conduct their appointment in person. In the case of Medicaid, this means requiring that, other than during an emergency like a pandemic, participating providers located in Connecticut may not be allowed to offer **only** telehealth services, and that DSS must provide non-emergency medical transportation services to get to in-person appointments even if the provider is beyond the usual 15 mile radius if there is no comparable provider who or which is located closer.ⁱⁱ

While we support the continued allowance of audio-only telehealth services, because it expands access for those with fewer technological resources, we note that video can provide additional information for providers in assessing medical conditions. Widespread use of video requires reliable and affordable wideband access. The digital divide in our state and across the nation was revealed this past year as families have had to rely more heavily on the internet for school and work, in addition to medical care, during this pandemic. As such, we support the effort to expand reliable, affordable access to wideband internet access across the state for all Connecticut residents.

We ask additionally, for the protection of our Medicaid clients, that the committee require that participating Medicaid providers make in-person and telehealth appointments equally available, to the extent permissible by public health conditions, to allow patients a true choice in deciding whether to schedule an in-person appointment or telehealth appointment.

Thank you for the opportunity to testify, and I urge you to support SB 1022.

ⁱMark Masselli, Presentation to the Insurance and Real Estate Committee On the Importance of Tele-Health for Key Populations, June 4, 2020, available at <https://cga.ct.gov/ins/>

ⁱⁱ Conn. State Reg. Sec. 17b-262-1041