

To the State of CT Public Health Committee,

I write in strong support of H.B. No. 5596 and S.B. No.1002.

At the outset of the pandemic lockdown and switch to remote teletherapy, I was a reluctant and complaining user of the video technology. As a senior clinician, with over 30 years of experience, I felt the remote work could not come close to the experience of in-person psychotherapy. I was wrong. Not only was it easily and sometimes enthusiastically adopted by my patients, but it proved an effective and powerful delivery method for psychological services, equivalent to in-person therapy. In some instances, the ability to do therapy remotely was essential to patients who would not have been able to come to my office. For example, a long-time patient, a man in his eighties, developed cancer and became immunocompromised - the ability to see me from the safety of his home was critical, as he could not safely leave home during the pandemic. Another patient, who started therapy during the pandemic, is on HUSKY insurance and has no car. The need to take public transportation had made her reluctant to seek counseling. Recently, she commented how great it was to be able to talk to me from home, how convenient and easy. She stated that she had needed therapy for years, to deal with a history of trauma and current health problems; doing therapy remotely made this possible for her. These are just two examples of the help that was made available to patients who would not have been served otherwise, had they been required to come into my office.

It seems obvious that the fair and reasonable reimbursement regulations for teletherapy would mandate complete and permanent equity in payment. What I am billing for is my time (the CPT codes therapists use differentiate on the basis of time), that is my service and how I make my expertise available. Whether that time is for in-person or remote therapy, it is still the same time. I am eager to get back to my professional office and begin in-person therapy again as soon as it is safe, and I hope that most of my work will be with patients in front of me. But I would welcome the flexibility to do some therapy remotely, as it would be a great convenience for some patients (say if it is a snowy day, or they are at home with a sick child), and a necessity for a few more, who cannot, for whatever reason, manage to make the trip to my office.

Thank you very much for your consideration,

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