

*Testimony of Mark Masselli
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**LCO No. 3614: An Act Concerning Telehealth
LCO No. 3601: An Act Concerning Diabetes and High Deductible Health Plans.**

Thank you for the opportunity to speak on these important proposals. I am Mark Masselli, president and CEO of Community Health Center, Inc., and I am here to support LCO No. 3614, An Act Concerning Telehealth, with recommended changes, and LCO No. 3601, An Act Concerning Diabetes and High Deductible Health Plans.

Community Health Center, Inc. cares for more than 100,000 residents of our state each year, at more than 200 locations. The majority of our patients, who we see for medical, behavioral health and, pre-COVID, dental care, are underserved and living below 200 percent of poverty. They are the essential workers, many of whom do not have the option to work remotely. They are the cashiers at the local food mart and the day care workers. They are often people of color managing chronic conditions and at higher risk of contracting the coronavirus. They do not have the luxury of taking time off to travel to the health center for an appointment when their priority is keeping their job and food on the table for their family.

CHC was founded in 1972 – so we know our patient population very well. Since the start of the pandemic in our state last March, we have been committed to making sure every patient has access to care wherever they are – and for the vast majority, this has meant at their home or workplace. Thus, we were very grateful to the Department of Social Services and Governor Lamont for working diligently in those early days of the pandemic to make telehealth an option for Medicaid recipients. This quick pivot on the part of the state has made a significant difference, especially among the historically underserved.

Thus, extending telehealth for visits via audio through June 30, 2021 is of utmost importance. Many of CHC's patients do not have access to a smart phone or tablet, or because of the pernicious digital divide, lack reliable internet access. Audio is their only viable way to connect with their provider, and currently more than 80 percent of CHC patient visits in medical and behavioral health are conducted via audio on secure, HIPAA compliant Zoom phones. Our patient surveys show extremely high levels of satisfaction, with more than 90 percent of patients indicating an interest in using telehealth for future appointments. Simply stated, we should not let poverty be a barrier to patients who can safely and conveniently visit with their provider via audio.

While we support the overall intent of the telehealth bill, I would like to respectfully point out a couple of important concerns, and suggested amendments to the existing language:

Section 6(2)(b) states, in part: “the Commission of Social Services may, **in the commissioner’s discretion** and to the extent permissible under federal law, provide coverage under the Connecticut medical

assistance program for **audio-only telehealth services...** (emphasis added). This decision regarding whether to cover audio-only telehealth should not be left to the discretion of the executive branch, and must be codified by the legislature. Furthermore, nothing in this bill would require coverage for other forms of telehealth, which is necessary as providers at times need a visual of the patient to accurately assess certain conditions. Striking “audio-only” in this section would make the provision more broadly applicable. It should be a matter of public policy set by our legislators that all telehealth services, not just audio services, should be available to vulnerable populations.

Our other recommendations for LOC 3614 are as follows:

In Section 1 and subsequent sections where it appears, we propose changing the definition of “Originating site” to include any location from which the patient wishes to receive services, as we know patients cannot always be at their home when they have a telehealth appointment.

In Section 1(b)(1)(A), for clarity, we propose adding the following”: “Is communicating through real-time, interactive, two-way communication technology including audio-only telehealth when permitted, or store and forward transfer technology;

Finally, I would like to close by supporting LCO 3601, An Act Concerning Diabetes and High Deductible Plans.

Section 1 of the bill would create a working group to look at the feasibility of having a significant effort by the state to reach out to individuals who have been diagnosed with diabetes and encourage these patients to utilize a federally qualified health center or a range of other medical clinics for their treatment and care. Managing a serious disease like diabetes is a very high priority for us and we believe this concept has strong merit.

Thank you again for this opportunity. I am happy to take any questions.