



Testimony of Sara LeMaster

Manager, Government Relations and Public Policy
Community Health Center Association of Connecticut
LCO 3601 AAC Diabetes and High Deductible Health Plans
LCO 3614 AAC Telehealth

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock- D Amato, and distinguished members of the Insurance and Real Estate Committee: my name is Sara LeMaster and I am the manager of Government Relations and Public Policy for the Community Health Center Association of Connecticut. I would like to offer my comments on telehealth and insulin for diabetic patients.

Connecticut's Community Health Centers provide medical, behavioral, and dental health services to nearly 400,000 Connecticut residents, and they employ over 6,500 healthcare professionals. Our health centers are on the front lines in responding to this crisis, and have been treating COVID-positive patients, testing patients and families, and working with nursing homes and community organizations to address the needs of residents during this time.

Regarding LCO 3601 concerning low-cost insulin for diabetics:

CHCACT commends the legislature for bringing this forward, and we look forward to working with you as the state pursues making this a reality for diabetic patients in Connecticut. Currently, member health centers of CHCACT serve over 25,000 diabetic patients, many of whom use the 340B program to access low-cost insulin. We look forward to serving on the working group outlined in this legislation and helping more people in Connecticut access this vital medication.

Regarding LCO 3614 concerning audio-only telehealth:

Prior to the COVID-19 pandemic, Connecticut did not reimburse Medicaid providers for telehealth visits. The start of this pandemic saw patient volume at our health centers decline by as much as 80%, resulting in layoffs of many of our health center staff. After Lamont's executive orders allowing for Medicaid coverage for telehealth went into effect, our health centers were not only able to return their patient volume to 70% of pre-pandemic numbers, but were also able to reach patients who experienced challenges in getting to medical appointments.

We have had tremendous success with delivering audio-only telehealth to Medicaid patients, and we would like to offer the following suggestions for the current legislation:

- In line 677 on page 23 change "may" to "shall"
- In addition to expanding the use of telehealth and including the telephonic-only provision as a covered service we ask that you:
 - allow patients to received telemedicine services at any location
 - require that all telemedicine services be reimbursed at rates not lower than the same services had they been delivered in-person
 - prohibit health insurers from imposing cost sharing and prior authorization requirements for telemedicine



- require DSS to apply for any necessary federal Medicaid waivers and authorize the Department of Insurance to promulgate telemedicine rules and regulations, as necessary.
- Eliminate the sunset date outlined in line 681 on page 24 of this bill and establish audio-only telehealth as a permanent benefit for all Medicaid recipients in the state.
- Expand the definition of those who are allowed to receive telehealth to include all HUSKY recipients, and not just those that are homebound, per DSS's provider bulletin 2020-09. While many HUSKY recipients fall under this qualification, there are many HUSKY recipients who are not homebound but are afraid to leave their homes to visit a health center in person. These individuals still require health care and could receive telehealth services until their comfort level increases.

Audio-only telehealth services have allowed many of our providers to connect with patients who don't have easy access to video technology, and who experience financial, transportation, and other barriers to accessing healthcare. Many of the families that our health centers serve only have access to one computer or smartphone with video capability, so telephonic telehealth has allowed patients to access care if a family member needs to use video technology to communicate with their teacher for school work, etc. It also has given patients who are not comfortable with video technology the opportunity to interact with their healthcare providers without requiring that they learn how to navigate a sometimes complicated piece of technology. Several behavioral health patients have expressed that video technology is frustrating for them to use, so audio-only telehealth has been a beneficial way for them to interact with their healthcare providers.

At Wheeler clinic, they collected patient surveys and found that there was no decline in patient satisfaction as compared to pre-pandemic in-person medical appointments. Post-encounter surveys all reported that patients had around 100% satisfaction with services delivered. Since implementing this, show rates at Wheeler also improved, as transportation, environmental, and financial barriers to accessing medical appointments were eliminated. Over time, it is our hope that telemedicine reduces health disparities by allowing more patients to access the care they need.

I'd like to conclude with a story from one health center about the impact that audio-only telehealth had for one of their patients:

"I have a client who is elderly, has chronic pain and is in treatment for cancer, often times making him feel physically sick. Attending appointments at the office was difficult for him and often times would cause a "flare up." He also is unable to participate in video sessions due to lack of technology. Phone sessions have allowed him to partake in therapy from the comfort of his own home. Often times for our sessions, he finds a relaxing place to sit in his back yard to engage in therapy which reduces stress and increases mindfulness and relaxation for this client. He is very happy that these services are offered."

I have included several other patient stories as part of my testimony. Thank you for your attention and we look forward to working with you as this process moves forward.