



Connecticut Legal Services



NEW HAVEN
LEGAL
ASSISTANCE
ASSOCIATION, INC.

Insurance and Real Estate Committee, July 21, 2020

Testimony submitted by Alison Weir, Policy Advocate and Attorney
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Bill No. LCO No. 3614 : Support Expansion of Telehealth

My name is Alison Weir, and I am a policy advocate and staff attorney with Greater Hartford Legal Aid (GHLA). On behalf of GHLA, Connecticut Legal Services, and New Haven Legal Assistance Association, I support LCO No. 3614, the bill to expand use of telehealth beyond the pandemic and add it to the regular set of tools available to providers to care for their patients. The legal services programs are big proponents of telehealth not only as a way to keep our clients healthy by minimizing unnecessary visits to doctors' offices, but also as a way to improve 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*.

On March 10, the legal services programs wrote to Commissioner Gifford asking her to use the authority allowed in Public Act 19-76 to implement telehealth options as an option for providing medical care during the pandemic. The Governor provided additional support through Executive Orders 7F, 7G, 7DD, and 7FF. Since its implementation, telehealth has been a lifeline for both providers and patients, connecting them during the pandemic. 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.¹

Telehealth has proven successful in connecting patients with providers during the pandemic period. From DSS's presentation to the 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

We also urge the continued allowance of audio-only telehealth services, because it expands access for those with fewer technological resources. That said, 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 has become painfully evident 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 recommend that the legislature additionally consider ways to expand reliable, affordable access to wideband internet access across the state for all Connecticut residents.

The expansion of telehealth in Connecticut has been an essential tool for improving access to health care during the public health emergency, and we fully support its expansion. But we ask that you ensure it remains accessible to all by preserving the audio-only provision and through exploring options to ensure wideband internet access for all Connecticut residents, as well as ensure that it does not become the only option for being seen by Connecticut-based providers.

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