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Written Testimony in support of Increasing Access to Telehealth Services
submitted to the Insurance and Real Estate Committee

Joseph L. Quaranta, MD, President & CEO Community Medical Group, Inc.

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Thank you for the opportunity to provide testimony in support of increasing access to telehealth services and to share how telehealth has allowed health care providers to deliver care during the COVID-19 pandemic. My name is Joe Quaranta. I am an adult primary care physician in private practice in Branford. I am also the President and CEO of Community Medical Group (CMG). I apologize for my inability to personally provide my testimony, but I am a frontline healthcare worker, and I will be seeing patients during the public hearings.

CMG is an independent practice association, or IPA, with more than 1000 member physicians and associated clinicians working in approximately 250 practices. Our practices are located across Fairfield, New Haven and New London Counties. We are completely physician led and governed. Our practices remain independent, but have joined CMG in order to work together with other like-minded community-based practices. Our focus is on improving the quality and efficiency of care delivered by our clinicians and ensuring that our patients receive the best experience. The overwhelming majority of our practices are small businesses with multiple employees providing local employment opportunities in our communities. CMG is dedicated to preserving these independent medical practices which are a vital component of the healthcare delivery network in Connecticut.

As a physician partner in a small medical office and as President and CEO of an organization representing community-based physician groups, I have experienced first-hand how telehealth has enabled providers to deliver safe and effective care prior to and during the COVID-19 pandemic. In my case, as a practicing primary care physician, I routinely cared for (and continue to care for) patients using telehealth, and my patients are grateful for the opportunity to receive care safely from the comfort of their own homes. Many of our CMG members have also seen significant increases in telehealth services. Given the high level of satisfaction from both patients and providers that we have witnessed, I believe most providers and patients will want to continue using telehealth services post-pandemic.

In response to COVID-19, federal and state governments lifted many barriers to telehealth that were preventing providers from caring for their patients remotely. CMG strongly supports these policy changes; however, more needs to be done to ensure that telemedicine is more accessible to patients and that more providers are able to deliver care using telemedicine. At a minimum, any legislation should reflect the following principles:

- Eliminate insurer practices of creating separate telemedicine networks, and allow any willing contracted physician to provide telemedicine services directly to new and established patients, without requiring that they contract with a specific telemedicine service or network. The following draft language provides an example that would address this policy change:
 - *Health insurers shall be required to allow all in-network health care providers to deliver clinically appropriate, medically necessary covered services to insureds via telehealth.*
- Ensure broad coverage and payment for all medically necessary services that can be appropriately delivered via telemedicine by all plans and payers. While LCO 3614 contains language regarding coverage parity, it is limited

in duration. This time limitation should be lifted and the legislation should include language specifying that telehealth shall be a required benefit for all insurance plans.

- Treat telemedicine services the same as in-person visits and paid at the same rate as in-person services. While LCO 3614 contains language around payment parity, it is limited in duration (this time limitation should be removed) and needs to be strengthened. The following draft language provides an example that would address this policy change:
 - *All health insurers shall ensure that rates of payment to in-network health care providers for services delivered via telehealth are not lower than the rates of payment established by the health insurer for services delivered via traditional (i.e., in-person) methods (payment parity), and shall notify providers of any instructions necessary to facilitate billing for such telehealth services.*
- Prohibit insurers from imposing specific requirements on the type of compliant technologies used to deliver telehealth services (including any limitations on audio-only or live video technologies). The following draft language provides an example that would address this policy change:
 - *Health insurers shall not impose any specific requirements on the technologies used to deliver telehealth services (including any limitations on audio-only or live video technologies).*
- Ensure that any requirements and parameters imposed by insurers for telehealth services not be more restrictive or less favorable to health care providers, insureds, enrollees, or members than are required for health care services delivered in person. The following draft language provides an example that would address this policy change:
 - *Health insurers may establish reasonable requirements and parameters for telehealth services, including documentation and recordkeeping, but such requirements and parameters may not be more restrictive or less favorable to health care providers, insureds, enrollees, or members than are required for health care services delivered in person.*
- Allow coverage and payment for all telemedicine modalities, including voice only. While LCO 3614 contains language regarding voice only technologies, it is limited in duration and does not extend to out of network providers. The time limitation on audio-only telemedicine should be lifted and both in and out of network providers should be permitted to render telemedicine via audio-only technologies.
- Prohibit insurers from imposing global payment restrictions on medically necessary health care services rendered subsequent to an initial telehealth visit and ensure that such subsequent visits shall be paid at contracted rates. The following draft language provides an example that would address this policy change:
 - *No health insurer shall impose global payment restrictions on medically necessary health care services rendered subsequent to an initial telehealth visit; such subsequent visits shall be paid at contracted rates.*
- Mandate medical malpractice coverage for telehealth services, including those rendered across state lines. The following draft language would address this policy change:
 - *Each policy for professional liability insurance, as defined in subdivisions (1) (physicians and surgeons), (4) (dentists), (8) (podiatrists), (9) (advanced practice registered nurses), and (10) (physical therapists) of section 38a-393(b) of the general statutes, shall provide coverage parity between telehealth services and in-person medical services; such telehealth coverage shall extend to medically necessary and clinically appropriate services conducted across state lines.*

These are not the only policy changes that are necessary to ensure that patients can continue receiving safe and effective telehealth services post-pandemic, but they are the most critical ones that must be addressed, and I urge the committee to act on this issue during this special legislative session.



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Thank you again for the opportunity to testify, and I welcome your questions.

Respectfully submitted,

A handwritten signature in black ink that reads 'Joseph L. Quaranta, M.D.' The signature is written in a cursive style.

Joseph L. Quaranta, MD