

**Telehealth
Bill No. LCO No. 3614
Testimony Submitted to the General Assembly
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Town: Columbia, Connecticut

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato, and distinguished members of the Insurance and Real Estate Committee: My name is Dr. Morton Glasser, and I am the Chief Medical Officer at Generations Family Health Center. Generations is a Federally Qualified Community Health Center that provides medical, dental, behavioral health and support services in eastern Connecticut. This part of Connecticut is extremely rural and lacks public or reliable transportation systems. Last year, Generations provided services to over 21,000 patients agency-wide.

I am here today to share my experience as a Provider with telehealth. One silver lining of the Coronavirus pandemic has been that we have been able to provide healthcare remotely via telehealth through phone or video. This has allowed us to care for patients from the safety of their home when our sites were not safe for patients to be seen in-person due to the Coronavirus. The silver lining is that it not only helped keep our patients safe from exposure to the Coronavirus at our facility, but it also allowed us to see our patients who could not travel to our sites for in-person care due to illness or lack of transportation during the pandemic.

Recently, thanks to telehealth, I was able to do a visit remotely with a patient who could not get in to the office for a variety of reasons. As a result, I truly believe I was able to save her life and this would not have been the case if we did not have access to telehealth to care for our patients. I recently had a 57-year-old diabetic female patient who had been hospitalized with septic shock and pneumonia in April. Due to her weakness and the splenectomy she had in the past and other chronic illnesses, I set up virtual audio visits weekly with her to monitor her closely. She did well until June 8th when during a telemedicine audio appointment, she complained of abdominal pain, elevated pulse and low blood pressure. Based on this, I referred her to the ER for admission. She was admitted for recurrent pneumonia, dehydration and hypotension. She is still in the hospital and improving.

Had I not had the ability to monitor her virtually weekly, I would not have heard of these symptoms and made a referral to the ER which possibly saved her life. It is most likely that even if we were not in the midst of a pandemic, and providing visits via telehealth for safety reasons, this patient would not have been able to be seen due to transportation barriers as well as being too weak to leave her home and be exposed to other illnesses that could adversely affect her ~~true~~ due to her chronic illnesses.

Thank you for your attention to this important issue. Providers like me have had tremendous success with telehealth, and we need to make access to this kind of healthcare permanent so that we can provide healthcare services to all of the residents in Connecticut.