



TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
INSURANCE AND REAL ESTATE COMMITTEE LISTENING SESSION  
JULY 21, 2020

**In support of:** LCO 3614, AAC TELEHEALTH and

**In support of:** LCO 3601, AAC DIABETES AND HIGH DEDUCTIBLE  
HEALTH PLANS

Senator Lesser, Representative Scanlon, Senator Kelly, Representative Pavalock-D'Amato and distinguished members of the Insurance and Real Estate Committee:

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Good afternoon. My name is Kathy Flaherty and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order that mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I am also the former Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I am a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

**LCO 3614:** The expansion and availability of telehealth for delivery of health care has meant increased access to care during the COVID-19 pandemic. People who are high risk of contracting the virus, or are symptomatic, can remain safely at home yet still access care. I have personally utilized telehealth on multiple occasions since March 2020 for both physical and mental health care. It has been far more efficient to talk to my health care providers – I have not needed to drive to their office or wait in a waiting room. I can be in the virtual waiting room and do other things up until the moment the visit starts.

I especially appreciate the extension of coverage for telephone-only visits. Many of our clients who are low-income do not have unlimited data plans or Wi-Fi access at home; however, you should be aware that for those who rely on Lifeline/Lifelink phones, there is still a limitation on access because those plans no longer offer free unlimited voice minutes. During the school year and up through June 30, 2020, there was no limitation on either voice or data. That ended on June 30.

Another benefit of telehealth is the reduction of the number of people missing appointments because of transportation delays attributable to Veyo, the non-emergency medical transportation provider, and their contractors. Although it is not the purview of your committee, this state should make sure that the next iteration of the contract with any NEMT provider is not a capitated one; as more visits happen remotely via technology, there will be reduced need for transportation to doctor's offices.

We cannot forget that telehealth may not adequately meet the accessibility needs of disabled patients. We must insure equitable access to health care for all.

**LCO 3601:** I support the steps this committee has taken to reduce the cost of health care for those residents of our state who have diabetes. Poorly controlled diabetes leads to a host of complications that are not only detrimental to the individuals who experience them, but also increase health care costs for all of us. Limiting patient costs to \$25/month for insulin and \$100/month for supplies, and ensuring that patients will have access to emergency refills would help more diabetic patients access the care they need.

**I urge the legislature to pass both of these bills.**