



# NASW

National Association of Social Workers / Connecticut Chapter

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**Testimonial on LCO-3614 AAC Telehealth  
Insurance & Real Estate Committee  
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**Submitted By: Stephen Wanczyk-Karp, LMSW**

On behalf of the National Association of Social Workers, CT Chapter I urge the passage of AAC Telehealth before the Insurance Committee. Telehealth has become a primary means of delivering health care in the Covid-19 pandemic and it is critically important that current telehealth rules remain in place, beyond the Governor's executive order, not just temporarily, but permanently.

Executive orders have made it possible for health care providers to serve consumers in a way that is safe for both the consumer and the provider. In the field of behavioral health clinicians have been able to reach persons who had previously been seen in an office as well as expanding care to consumers who were previously unable to attain therapy due to obstacles such as lack of transportation, employment hours, residing in facilities and family obligations. Accessibility to care has undeniably been increased through the expansion of telehealth services. This means consumers getting care when needed before a crisis occurs that creates far greater costs both personally and financially.

AAC Telehealth continues important provisions that have made telehealth successful. First of all, the bill will continue the use of audio when a video option is not available. This particularly benefits older adults and disabled persons residing in long-term care facilities where video is not feasible. It also has greatly aided those without video capable equipment, which is most prevalent among persons living in poverty. Additionally, audio only allows for added privacy for those who so choose this option. It is crucially important to continue the audio only option in both Medicaid and fully insured health plans.

Secondly, the bill continues the payment structure of equal rates for treatment, be it in-person or through telehealth. This is completely appropriate as rates of pay should be based on the treatment not the location where the treatment takes place. Rate equity also means that there will be an ample number of providers to provide care to those with health insurance. Having lower rates for telehealth will only serve to reduce the number of providers willing to accept those insurers who have lower rates for the same work. Providers in fact are now, in this pandemic, facing greater costs to practice. Most of our clinicians are paying for offices they cannot use, have the costs of telehealth platforms and additional costs in creating home offices.

AAC Telehealth also makes clear that insurers cannot accept only specific platforms for delivery of care. This avoids the duplication of platforms used by providers and eliminates unnecessary costs for multiple platforms.

NASW/CT urges the Insurance Committee to make two revisions to the bill. We are disappointed to see that the bill only extends current telehealth rules until June 30, 2021. While we applaud the extension of rules, we seek the bills provisions to be permanent as the needs for the provisions of the bill will remain the same in June 2021 as they are today. We are in the first wave of this pandemic. No one knows for sure when the pandemic will subside. What we do know is that the impact of the pandemic will have far reaching, long-term effects. Behavioral health experts expect a tsunami of behavioral health needs coming out of the pandemic that can only be best met by continued telehealth care.

Secondly, we recommend that use of audio only apply to both in-network and out-of-network providers. The need for audio only should not be tied into in-network vs. out-of-network. Audio only must be determined solely by the availability of access that the consumer has.

We urge the Insurance Committee to make the above revisions and for the General Assembly to pass the bill.