CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

TESTIMONY
Delivered by Tracy Wodatch, President and CEO

July 2020

To SUPPORT
An Act Concerning Telehealth

Senator Lesser, Representative Scanlon and members of the Insurance and Real Estate Committee, my name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I am also an RN with over 35 years' experience in home health, hospice, long term and acute care.

The Association represents nearly 60 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home.

We strongly support the draft language released last week for Telehealth coverage through June 30, 2021.

Telemonitoring (a form of telehealth that measures remote real time vital signs) has been used by home health providers in Connecticut for over two decades. Telemonitoring is a proven, cost-effective approach to health care, yet it is has never been reimbursed by insurance companies, Medicare or Medicaid. Nonetheless, home health providers have embraced the use of this technology, despite the out-of-pocket cost to the agency, simply because it works - and it's the right thing to do for the individual. It supplements hands-on assessment and teaching while enhancing the patient's ability to self-manage many chronic illnesses (such as Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension) resulting in fewer acute care hospitalizations.

Beyond telemonitoring, some of our home health providers have also used a video component to their telemonitoring to view wounds, teach and observe caregivers how to perform wound care and treatments and to manage remote physical, occupational and speech therapies.

Prior to the COVID pandemic and Public Health Emergency, about 25% of our Home Health provider members and none of our Hospice members utilized some form of telehealth (telemonitoring or audio/video). However, COVID turned the need for telehealth in the home to a must have modality for both our home health and our hospice providers as they were being shut out of patient's homes and nearly all congregate settings (Nursing Homes and Assisted Living). Telehealth became a lifeline, the only way to connect with the patients and their families.

Here are some examples to support ongoing telehealth allowances and reimbursement:

- Hospice:
  - Allowed all members of the team (nursing, social work, spiritual counselor, grief and bereavement counselors) to work with both patient and family at a time when families were not able to visit their dying loved one.
  - Opportunity for physician to make changes in medications remotely based on telehealth visit
  - Supported compliance to the Medicare mandated Face to Face Encounter visit
- Home Health:
  - Virtual therapy (physical and occupational) for severely debilitated patients to maintain function and minimize decline
  - Virtual nursing visits to evaluate patient and to teach and observe family provide care when nurse not able to enter home
  - Ability to view patient changes (wounds, breathing, skin, color, etc) or assist patient with medication management/medication administration
  - Meet supervisory compliance (RN for LPN, RN for Home Health Aide, etc) to minimize number of visitors in home
  - Supported compliance to the Medicare mandated Face to Face Encounter visit

In addition, section (2)(c) in the drafted language that addresses prescribing of Schedule II and III controlled substances needs to be amended to allow physicians via telehealth to prescribe Schedule II and II controlled substances **including opioids** for hospice patients for end-of-life symptom management.

Again, we fully support the passage of telehealth as outlined in the drafted language with the exception of the controlled substance carve out for hospice patients.

Please reach out to me as a resource for additional information at any time.

Thank you.
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