

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5198

**Title:** AN ACT CONCERNING TELEHEALTH.

**Vote Date:** 3/11/2024

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/26/2024

**File No.:** 124

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## **SPONSORS OF BILL:**

The Public Health Committee.

## **REASONS FOR BILL:**

During the COVID-19 pandemic, the expanded use of telehealth was extremely beneficial allowing virtual access to healthcare providers and services for individuals. This bill makes permanent the expanded use of telehealth, as well as the insurance coverage for these services, that were due to sunset on June 30,2024. In addition, the bill allows the following:

- Authorizes providers to use audio-only telephone
- Authorizes providers to provide services from any location recognizing applicable state and federal requirements.
- Expands the list of authorized providers to include art therapists, athletic trainers, behavioral analysts, dentists, genetic counselors, music therapists, nurse midwives, occupational and physical therapist assistants and ensures that uninsured patients are not charged more than the Medicare reimbursement rate for such services.
- Removes the condition that out-of -state providers are only allowed to work under a Department of Public Health (DPH) order. However, DPH will still retain the ability to suspend or revoke a provider's license if such provider violates statutory requirements.
- Requires the verification of any out-of -state provider's credentials and liability insurance.
- Requires insurers and healthcare providers to authorize the same reimbursement rate as for in-person visits.
- Authorizes the commissioner of the Department of Social Services (DSS) to enable coverage under Medicaid and Husky for services provided through audio only telehealth services.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Sean Scanlon, State Comptroller:**

Even though the pandemic is over, the residents of Connecticut still rely on telehealth to meet their healthcare needs. A thirty-minute visit with a health care provider via telehealth rather than physically visiting the doctor's office can be a more efficient and affordable use of time for many working people. Such an arrangement is also beneficial to providers enabling them to better manage the volume of patients and thus reach more people.

### **Vincent Candelora, State Representative and House Minority Leader, Connecticut General Assembly (CGA):**

Although telehealth has allowed for greater access to health care for many of our residents, there have been concerns regarding out-of-state providers who practice in states that do not have the same, or better standards than those required of providers licensed in our state. We must be aware of those risks moving forward. Rep. Candelora realizes that there are currently Connecticut patients undergoing follow-up care with out-of-state providers and he would not want to interfere in those relationships. However, he would propose a narrow exemption to allow these patients to continue with that ongoing relationship.

### **Nicole Klarides-Ditria, State Representative 150<sup>th</sup> District CGA:**

Rep. Klarides-Ditria recognizes the importance of telehealth services as a valuable tool to provide care to underserved populations such as the disabled. Expanding telehealth services will allow us to further meet the needs of our constituents as identified in the Americans with Disabilities Act (ADA) and Medicaid populations.

### **Sean King, Office of the Healthcare Advocate (OHA):**

The expansion of health care services via telehealth enacted in response to the COVID pandemic has proven to be a success. It expanded access to care allowing both patients and providers to connect outside of the traditional office environment. As a result, services were able to be provided to the disabled, immunocompromised, homebound and patients who lack access to reliable transportation. The OHA supports the continuation of this valuable service.

## **NATURE AND SOURCES OF SUPPORT:**

### **Connecticut Hospital Association, (CHA):**

CHA supports this legislation and encourages the Committee to make it permanent. Although the pandemic was the reason for these changes in health care delivery, telehealth has proven to be an essential method to deliver health care services. Patient care has benefitted greatly from the use of telehealth, and it should be preserved as a valuable tool available to consumers.

### **Connecticut State Medical Society (CSMS):**

CSMS shared that telehealth has proven to be a powerful tool advancing health equity for underserved and marginalized communities. Telehealth alleviates obstacles such as transportation, childcare, time away from work, mobility, and the impact of distance for people residing in rural or remote areas of the state. The benefits of telehealth should be embraced and continued permanently.

**Thomas Burr, Public Policy Manager, National Alliance on Public Health (NAMI):**

In his testimony, Mr. Burr noted that telehealth has helped many people with mental health conditions by removing obstacles that may have interfered with their continued access to needed services. He shared that some providers have seen a reduction in appointment cancellations and their no-show rates have dropped significantly. Mr. Burr stressed that NAMI wants telehealth services to always be covered the same as in-person visits.

**Tracy Wodatch, President, and CEO of Healthcare at Home:**

In her testimony, Ms. Wodatch explained how telehealth has been used for decades by their providers to allow for daily monitoring as well as transmission of data to the home health office for review and to be shared with physicians. More recently, advancements in the technology of telehealth have allowed for the evaluation of a far greater population of patients both in community and facility settings. Also, it is important to note that, since the pandemic, Medicare has extended approval of ongoing home health and hospice services to be completed remotely. Finally, as we continue to face workforce shortages, being able to connect with patients and families through telehealth has proven to be an essential and valuable tool.

**Rosemarie Coratola, LMFT, Coordinator of Family Therapy, Hartford Healthcare Institute of Living:**

Ms. Coratola pointed out the recent increase in mental health disorders resulting in an unprecedented demand for treatment. In this environment, telehealth has become a tremendous clinical resource for both clinicians and their clients. As a mental health provider, Ms. Coratola realizes that telehealth is not appropriate in all clinical situations. However, she believes those determinations should be up to the client and the provider.

**Jason Prevelige, Chair Legislative Committee, CT Academy of Physician Associates:**

Mr. Prevelige supports the bill. However, in referring to section 5 of the bill, which addresses the ability to offer medical cannabis via telehealth, he pointed out that only physicians and APRN's are included. He believes that Public Act 22-103 extended this ability to physician assistants as well. Physicians' assistants should be included in the language of this legislation to ensure that patients are receiving access to care in line with current statutes.

**The following submitted testimony in support of this bill:**

- Kathleen Silard, Stamford Health
- Dr. Bruce Lang, UConn Health
- Yale University and Dr. Katherine Kennedy, teacher, Department of Psychiatry at Yale
- Bryce Chinault, Yankee Institute
- Kathleen Flaherty, CT Legal Rights Project, Inc.
- Jill Bukoswki, LMFT
- Private Citizens, Barbara Albert, and Aneeka Angus

**NATURE AND SOURCES OF OPPOSITION:**

**Oleyetta Priester, AMFT:**

Ms. Priester opposes this legislation in its current form.

**Reported by: Kathleen Panazza**

**Date: March 12, 2024**

