Legislative History for Connecticut Act

PA 16-198

SB298

Senate	1378-1382, 1699-1701	8
Public Health	1435-1436, 1439-1440, 1505, 1522, 1539, 1931-1939	16

House Transcripts have not been received. They are available on CGA website, but are not the Official copy. Contact House Clerk for assistance (860) 240-0400 **24**

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

Connecticut State Library

Compiled 2017

S - 695

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2016

VOL. 59
PART 5
1368 – 1703

Thank you, Madam President. If there's no objection, I ask that this be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, ma'am. Mr. Clerk.

THE CLERK:

On Page 4, Calendar 237, that is a substitute -- I'm sorry, S.B. No. 298, AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS, and there are amendments.

THE CHAIR:

Good afternoon, Senator Gerratana.

SENATOR GERRATANA (6TH):

Good afternoon, Madam President. Madam President, I move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, ma'am?

SENATOR GERRATANA (6TH):

Yes, Madam President, thank you so much.

Actually, I have a strike-all amendment. If the Clerk would please call LCO No. 4929, and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO No. 4929, Senate Amendment Schedule "A", offered by Senator Gerratana, et al.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

Thank you, Madam President. I move adoption.

THE CHAIR:

Motion is on adoption. Will you remark?

SENATOR GERRATANA (6TH):

Yes. Madam President, the amendment before us, which strikes the underlying bill, is a work that we have been doing with DSS and OPM, and coming to an agreement as to how we are going to enact a Medicaid program for telehealth here in the state of Connecticut.

So the language reflects that. The department shall, within available state and federal resources, provide coverage under the Medicaid program for telehealth services, for categories of health care services that the Commissioner determines. And there are certain qualifications; that it be clinically appropriate, cost effective and, of course, to help people to access health care,

particularly when it's an undue hardship for them to get to a health care provider.

I want to report to the Chamber that with the help of DSS, that federally qualified health centers have started something called eConsults here in the state. They've been qualified to receive Medicaid reimbursement for it. And this will help people in the Medicaid program have access to specialty providers. So, we've tentatively embarked on it. This piece of legislation, I think, goes down the road in an appropriate way.

I just wanted to address the fiscal note, because I know that it's been of conversation here in the Chamber. It does say that there may be, with DSS embarking on this, there may be some costs, but there would also be considerable savings. So, just as we did the telemonitoring bill yesterday, it's in -- in the same sort of category.

I certainly hope it will be cost effective. It has been in states that have enacted this. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark on Senate -- Senate "A"? Senator Markley.

SENATOR MARKLEY (16TH):

Thank you, Madam President. I -- I don't have too much to add to what Senator Gerratana said. I think she summed it up very accurately.

We feel that there are future savings, and future benefits, to the people of Connecticut by having

various telehealth and telemonitoring services available to them.

Senator Gerratana and the Committee have worked closely with the Department to make sure that what we're asking of them is reasonable, and that what we come up with will be cost effective, and that we have the chance to see whatever it is they propose before it goes forward.

I urge adoption of the amendment, and intend to support the bill as amended. Thank you very much.

THE CHAIR:

Thank you. Will you remark further on the amendment? Will you remark further?

If not, I'll try your minds. All those in favor of Senate "A", please say Aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? Senate "A" is adopted.

Will you remark further on the bill? Will you remark further on the bill? If not, Senator Gerratana.

SENATOR GERRATANA (6TH):

Madam President, if there's no objection, I'd like to move this to our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, ma'am. Mr. Clerk.

THE CLERK:

On Page 5, Calendar 285, substitute for S.B. No. 317, AN ACT CONCERNING DYSLEXIA; there are amendments.

THE CHAIR:

Senator Slossberg, good afternoon, ma'am.

SENATOR SLOSSBERG (14TH):

Good afternoon, Madam President. So nice to see you.

I move the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you remark?

SENATOR SLOSSBERG (14TH):

Yes, Madam President, thank you.

This bill in front of us provides -- it's the third in a series of work that we've been doing to try to make sure that we can intervene and help our teachers help our students who have dyslexia.

And this is the -- one more piece in this, and what it does is it provides that a teacher who is

SENATOR DUFF (25TH):

Thank you, Madam President. And on Calendar Page 9, Calendar 359, S.B. 455; I'd like to place that item on our Consent Calendar.

THE CHAIR:

So ordered. Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

Thank you, Madam President. And if the Clerk can now call the items on the Consent Calendar, followed by a vote of our Consent Calendar tonight.

THE CHAIR:

Mr. Clerk, when you can, please call the Consent Calendar.

THE CLERK:

On Page 1, Calendar 83, S.B. No. 183; Page 2, Calendar 132, S.B. No. 205; on Page 4, Calendar 237, S.B. No. 298; Page 5, Calendar 285, S.B. No. 317; on Page 8, Calendar 346, S.B. No. 338; Page 9, Calendar 372, S.B. No. 346; also on Page 9, Calendar 359, S.B. No. 455; on Page 10, Calendar 374, H.B. No. 5327; Page 12, Calendar 386, H.B. No. 5379; on Page 14, Calendar 405, S.B. No. 365; Page 17, Calendar 434, S.B. No. 401; Page 17, Calendar 438, S.B. No. 267; Page 32, Calendar 69, S.B. No. 186; and on Page 33, Calendar 85, S.B. No. 187; also on Page 33, Calendar 129, S.B. No. 202; Page 34, Calendar 138, S.B. No. 137; also on Page 34, Calendar 139, S.B. No. 140; on Page 35, Calendar

186, S.B. No. 262; Page 36, Calendar 203, S.B. No. 240; Page 36, Calendar 222, S.B. No. 301; Page 36, Calendar 226, S.B. No. 179; on Page 37, Calendar 249, S.B. No. 122; Page 38, Calendar 257, S.B. No. 139; on Page 40, Calendar 333, S.B. No. 289; and on Page 41, Calendar 349, S.B. No. 300.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote on Consent Calendar 1. The machine is open.

THE CLERK:

Immediate roll call has been ordered in the Senate on the Consent Calendar for today. Immediate roll call in the Senate.

THE CHAIR:

Senator Gomes; Consent Calendar. Senator Hartley; thank you.

All members have voted. All members have voted. The machine will be closed. Mr. Clerk, will you call the tally, please?

THE CLERK:

On today's Consent Calendar

Total Number of Voting	36
Those Voting Yea	36
Those Voting Nay	0
Absent and Not Voting	0

THE CHAIR:

The Consent Calendar passes. (Gavel)

Are there any points of personal privilege? Senator Leone. Senator Leone?

SENATOR LEONE (27TH):

Yes. Yes, Madam President, just for a purpose of an announcement?

THE CHAIR:

Please proceed, sir.

SENATOR LEONE (27TH):

For just -- for the General Law Committee, we'll have a meeting for a referral 15 minutes prior to the start of the first session tomorrow. Thank you.

THE CHAIR:

Thank you; so noted. Senator Winfield.

SENATOR WINFIELD (10TH):

Yes, thank you, Madam President. The Housing Committee will be meeting at 10:30 outside the House Chamber.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN (2ND):

JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH PART 3 1084 – 1636

2016

There is confusion as to who should be on the wait list, and what the wait list is for. In order for any future work to be accomplished we need a census taken to establish a baseline. How can anything be appropriated and a plan made, if you don't know who or how many are being planned for. We heard Commissioner Massey this morning -- Commissioner Murray this morning talk about a group that she has or a committee that she has that is working on this wait list. I think at the commissioner is misinformed. I, I gather that he has not been to any of these meetings or committee meetings. But we do have a parent that is on that committee. And really the only thing that they are working on is some of the nomenclature. They are not working on the numbers for the wait list.

Former Commissioner Massey, told us several years ago, as we were up here testifying, that he knew who we were. He knew our case, and that we were not on the wait list, because our grandson receives 23 hours of home supports. A person should not be taken off the wait list or put on another list if they accept day services as a band-aid until residential placement occurs. This point has become very confusing with mixed messages given from DDS about this practice. And requiring DDS to update this list every three years will not maintain an accurate picture of the ID community. Thank you for hearing my testimony.

SENATOR GERRATANA (6TH): Thank you very much Denies, and thank you for your continued advocacy. We do appreciate it. I don't think there are any questions , so. We'll go back to our elected officials list. I see Senator Looney has arrived, so he can come up and testify. And then we have John Brady.

SB289
HB5455
HB5451
SB298
SB291

SENATOR LOONEY (11TH): Thank you Madam Chair. Good afternoon Senator Gerratana, Representative Ritter

and distinguished members of the Public Health Committee, I'm Martin Looney, State Senator of the 11th District, representing New Haven, Hamden and North Haven. And I'm here to testify in regard to several bills on your agenda today. First Senate Bill No 289, AN ACT CONCERNING HEALTHCARE SERVICES. And House Bill No. 5455, AN ACT ESTABLISHING A TASKFORCE ON PATIENTS MEDICAL RECORDS. House Bill No. 5451, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUTES. And Senate Bill No.298, AN ACT CONCERNING TELEHEALTH SERVICES FOR Medicaid RECIPIENTS.

So, first of all there are several provisions in Senate Bill No. 289 that are of grave concern to me in that they would rollback some of the important strides towards transparency made last year in Senate Bill No. 811, that became Public Act 15-146. I understand that this language was requested by the Connecticut Hospital Association and that the committee agreed to give these concepts a hearing, but I believe that -- and this hearing will prove to be useful. I'm disappointed however in the CHA proposals. I'd been assured by their representatives that they would request only technical fixes and had no plans to attempt to rollback any of the provisions of Senate Bill No. 811. Unfortunately, the hospital associations requested language does exactly that in some important respects.

Beginning January 1st of 2017, Senate Bill No.811 bans facility fees for a limited number of services, specifically evaluation and management services. For all other facility fees, it requires that hospital billing statements clearly identify all facility fees charged at hospital owned physician offices that are not on the hospital campus. Section 3 of this bill, would effectively eliminate this important patient notice and transparency

Although I support the provision in Section 6, that ensures that the notice of changes in the corporate structure of group practices are reported when the acquiring entity is an insurer of other business, I prefer to expand the definition of captive professional entity to include these business organizations. I would encourage you not to pass Senate Bill No. 289, but rather to add the few suggestions that are in fact, technical to the bill on hospital physicians that I hope will be heard next week.

On Senate Bill No. 5455, I strongly support this bill, AN ACT ESTABLISHING A TASK FORCE ON PATIENTS MEDICAL RECORDS. I have long been in favor of making patient records easier for patients to access and believe this task force should review the new federal requirements on patient's access to their records, which would be a good place to start.

Also interested in the subject matter of Senate Bill No. 5451, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUTES. I look forward to working with you on the Certificate of Need process. I'm concerned that the bill moves forward effective dates regarding notification of changes in the corporate structure of group practices.

Finally, a few words on Telemedicine. I would like to offer support of Senate Bill No. 298, AN ACT CONCERNING TELEHEALTH SERVICES FOR Medicaid RECIPIENTS. Last year the General Assembly passed and the governor signed Public Act 15-88, which require private and group health insurers to cover healthcare services provided by telehealth providers. The law was written to ensure that the provider standards of practices and care are upheld and safeguarding that quality is never compromised during a telehealth encounter. Telehealth is not a

substitute for in-person care, but rather a support to it and a supplement to it. That's why I am opposed to Senate Bill No. 291, which would weaken the standards of practice by eliminating the requirement that healthcare providers have access to the patient's medical record and medical history. Allowing one or the other would weaken this strong provision.

This year, with the passage of Senate Bill No. 298, we would make quality affordable healthcare, more accessible to the Medicaid population. These are people who often have difficulty accessing the healthcare system currently and telehealth would provide more access and encourage your support.

Thank you for your consideration of all of this important legislation and for all of the valuable work that this committee does year in and year out. Thank you very much, Madam Chair and Mr. Chair.

SENATOR GERRATANA (6TH): Thank you Senator Looney, thank you for your testimony today. Does anyone have any questions? Representative Srinivasan.

REP. SRINIVASAN (31ST): Thank you Madam Chair. Thank you Senator Looney for being here tis afternoon and for your in depth discussion on these various bills that you brought about, we appreciate that very much.

On Senate Bill No. 291, AN ACT CONCERNING FEDERAL HEALTH PROVIDERS. The way it's written now would weaken and I gather that you are in opposition of any weakness the system of providing medical help through telehealth services?

SENATOR LOONEY (11TH): Yes, I believe that Senate Bill No. 289 -- 298, is one that will enhance the quality of telehealth services. My concern to 291 is that it would to some extent reduce the amount of

posters and require nutrition standards for those types of marketing but that is actually a very uncommon type of marketing in schools. They are much more frequent marketing such as promotion of healthy foods disguised ad financial support for the school's coupon sponsorship and donated equipment, school fundraisers and etceteras.

So we would like to urge Connecticut to follow the lead of the USDA and other states that have adopted a much more comprehensive definition of food marketing. And include all of the subtle ways that companies try to sell their products especially unhealthy products to children in schools and create brand loyalty. And we thank you for this opportunity.

SENATOR GERRATANA (6TH): And thank you for your testimony. I was reading through it as you of course spoke to us in front of the committee. Are there any questions? If not, thank you so much for coming today and testifying.

JENNIFER HARRIS: Thank you.

SENATOR GERRATANA (6TH): Next on Senate Bill No. 298, is Kathy Flaherty?

KATHY FLAHERTY: Good evening Senator Gerratana.

SENATOR GERRATANA (6TH): Good evening.

SB299

KATHY FLAHERTY: Representative Ritter and members of the committee. I'm actually here to testify very quickly on three bills. On 298, we support it because it would increase access to care. House Bill No. 5455 also support, the only thing I'd like to note is that when you're talking about a task force for patient records, there is a designated spot for someone from the Connecticut Trial Lawyers Association but plaintiff's attorneys are not the

S.B. No. 298 AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS

This bill requires the Department to request a Medicaid waiver or amend the Medicaid State Plan to add telehealth services. The Department does not anticipate an increase in Medicaid funding that would enable us to add telehealth services to existing Medicaid State Plan services, and therefore cannot support this legislation.

SENATOR MARTIN M. LOONEY
PRESIDENT PRO TEMPORE

Eleventh District
New Haven, Hamden & North Haven

State of Connecticut
SENATE

State Capitol
Hartford, Connecticut 06106-1591
132 Fort Hale Road
New Haven, Connecticut 06512
Home: 203-468-8829
Capitol: 860-240-8600
Toll-free: 1-800-842-1420
www.SenatorLooney.cga.ct.gov

March 2, 2016

Good afternoon Sen. Gerratana, Rep. Ritter and members of the Public Health Committee. I am here to testify in regard to SB 289 AN ACT CONCERNING HEALTH CARE SERVICES, HB 5455 AN ACT ESTABLISHING A TASK FORCE ON PATIENTS' MEDICAL RECORDS, HB 5451 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS STATUTES, and SB 298 AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS

There are several provisions in SB 289 that are of grave concern to me in that they would roll back some of the important strides toward transparency made in SB 811 (PA 15-146) last year. I understand that this language was requested by the Connecticut Hospital Association (CHA) and that the Committee agreed to give these concepts a hearing; I believe that this hearing will prove to be useful. I am disappointed, however, in CHA's proposals. I had been assured by CHA representatives that they would request only technical fixes and had no plans to attempt to roll back any of the provisions in SB 811; unfortunately, CHA's requested language does exactly that.

Beginning January 1, 2017, SB 811 bans facility fees for a limited number of services, specifically evaluation and management services. For all other facility fees, it requires that hospital billing statements clearly identify **all** facility fees charged at hospital owned physician

JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH PART 4 1637 – 2074

2016

Submitted via e-mail: phtestimony@cga.ct.gov

March 1, 2016

Senator Terry Gerratana
Representative Matthew Ritter
Joint Committee on Public Health
210 Capitol Avenue
Hartford, CT 06106

RE: S.B. 298

Dear Chairmen Gerratana and Ritter and Members of the Public Health Committee:

On behalf of the American Speech-Language-Hearing Association's members, I am writing to support S.B. 298, which would require Medicaid coverage of telehealth.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 186,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 2,400 of our members reside in Connecticut.

As the leading national organization for the certification and advancement of audiologists and speech-language pathologists (SLPs), we support the development and use of telehealth or "telepractice." ASHA has a family of professional practice documents, approved by ASHA's Board of Directors in 2004, including a position statement that defines telepractice as

> "the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation."

These documents include a technical report, knowledge and skills needed by SLPs providing clinical services via telepractice, and service delivery guidelines that can be accessed on ASHA's website at www.asha.org/Practice-Portal/Professional-Issues/Telepractice/.

The benefits of telehealth are well documented; some of which include providing services in remote underserved areas and providing access to services for clients unable to leave their homes. In addition, telehealth allows practitioners to provide services to individuals where there is a provider shortage and in some instances provide access to specialists in the field that have expertise in one specific treatment methodology that are more challenging to locate.

We sincerely appreciate your efforts to make telehealth services accessible to all by supporting S.B. 298. We also appreciate you including audiologists and speech-language pathologists,

001932

which ensures that consumers are able to receive all the appropriate services to achieve successful outcomes.

Thank you for the opportunity to submit comments. Should you have any questions or need further information, please contact Susan Adams, ASHA's director of state legislative and regulatory advocacy, at sadams@asha.org or by phone at 301-296-5665, or Janet Deppe, ASHA's director of state advocacy, at jdeppe@asha.org or by phone at 301-296-5668.

Sincerely,

Jaynee A. Handelsman

Jaynee A. Handelsman, PhD, CCC-A
2016 ASHA President

Connecticut's Legislative Commission on Aging

A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

State Capitol
210 Capitol Ave.
Hartford, CT 06106
860-240-5200
www.cga.ct.gov/coa

Julia Evans Starr
Executive Director

Deb Migneault
Senior Policy Analyst

Alyssa Norwood
Project Manager

Christianne Kovel
Special Projects
Coordinator

With 21 volunteer board members from across the state

Public Health Committee
Public Hearing
March 2, 2016

Julia Evans Starr
Executive Director, Connecticut's Legislative Commission on Aging

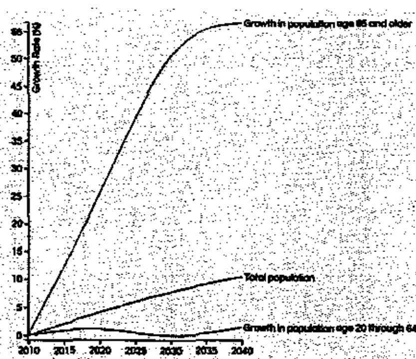
Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee, my name is Julia Evans Starr and I am the Executive Director for Connecticut's Legislative Commission on Aging. As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research office of the General Assembly, devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, our Commission has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

Thank you for the opportunity today to testify in support of SB 298: An Act Concerning Telehealth Services for Medicaid Recipients. The Commission believes this bill builds upon the excellent foundation this committee established with the passage of Telehealth Standards (PA 15-88) last session.

Using telehealth to address mobility limitations, major distance or time barriers, and transportation limitations will become increasingly important as Connecticut prepares for longer-lived, growing numbers of older adults. Between 2010 and 2040, Connecticut's population of people age 65 and older is projected to grow by 57%, with less than 2% growth for people age 20 to 64 during the same period. Moreover, residents born in Connecticut today can expect to live to be 80.8 years old—the third highest life expectancy in the U.S.

Growth in Connecticut's Aging Population

This unprecedented longevity, sheer increases in the number of older adults, and an overwhelming preference of Connecticut residents to age in place, taken together, underscore a strong need for a flexible health care system that can provide care both traditionally and through telecommunications technology.



Telehealth is being used increasingly to realize a wide variety of benefits, such as:

- **Access to Care.** Through enhanced, convenient physician availability across a variety of provider types, telehealth is a means of ensuring that all individuals can appropriately and more quickly access care, regardless of economic means, age, physical ability or geographic proximity to providers. Telehealth can also be used to optimize providers' time in current and projected shortage areas, ranging from cardiology to radiology to diagnostic oncology.

- **Care Coordination.** Telehealth facilitates collaborative care management when patients, providers and other caregivers are in distant locations. Local providers can also gain support and learn new skills from distant clinicians.
- **Quality and Outcomes.** Telehealth can improve health outcomes as measured by improved medication adherence, reduced hospital readmissions, improved public health surveillance and delivery and a variety of other indicators. Its recordable nature also improves documentation and verification.
- **Cost-Effective.** Telehealth services typically save patients, providers and payers money, compared with traditional approaches of providing care. At least one analysis found that any potential cost increases because of increased utilization in Medicaid is more than offset by avoided transportation costs and emergency department admissions.[1]
- **Local Economic Health.** Telehealth will assist in monitoring or improving local economic health in medically underserved areas by keeping the source of medical care local, maintaining health care infrastructure and preserving health care-related jobs.[2]
- **Patient-Centered.** Offering telehealth services is a patient-centered approach that empowers consumer choice, allows care to be provided where a patient is located, and provides flexibility. Benefits include better continuity of care, reduction of lost work time and travel costs, and ability to remain within support networks.[3]

Medicaid conditions of payment are limitations on reimbursement for telemedicine services, including restrictions based on patient setting, technology type, distance or geography, provider type and service type. Forty-seven state Medicaid programs have some type of coverage for telehealth, though only a handful of those programs have minimal conditions of payment.

Connecticut is one of only three states (the others are Iowa and Rhode Island) **without coverage for telehealth under their Medicaid plans** (Figure 2). That is, the Connecticut Medicaid program pays only for face-to-face encounters, with limited exceptions. Section 17b-245c of the Connecticut General Statutes allows the Department of Social Services (DSS) to establish a Medicaid telemedicine demonstration program at federally qualified health centers.

Again, we appreciate your introduction of this important piece of legislation.

---

[1] American Telemedicine Association. State Policy Toolkit: Improving Access to Covered Services for Telemedicine. 2014.

[2] Connected Health Policy. Advancing California's Leadership in Telehealth Policy: A Telehealth Model Statute and Other Policy Recommendations.

[3] Connected Health Policy. Advancing California's Leadership in Telehealth Policy: A Telehealth Model Statute and Other Policy Recommendations.

Connecticut

Public Health Committee
March 2, 2016
Testimony in Support of Raised Senate Bill #298
AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS

Submitted by Nora Duncan, State Director
nduncan@aarp.org

On behalf of AARP Connecticut and approximately 600,000 members in the state, AARP is pleased to testify in support of Raised Senate Bill 298. If passed, this bill will provide coverage for telehealth services for individuals enrolled in Medicaid.

The broad scope of tele-medicine presents a vehicle to help achieve the triple aim of better health care, improved health outcomes and lower costs. It is widely acknowledged for its potential to ameliorate health care workforce issues by creating efficiencies and extending the reach of existing providers. With the potential to overcome access and other barriers, tele-medicine is also viewed as a means to reduce health disparities for aging and underserved populations, as well as reduce costs and burdens for patients.

AARP believes that tele-medicine services hold the promise of helping not only patients but also their family caregivers access health care and long term services and supports in new ways. We support the kinds of initiatives, as Raised Senate Bill 298 presents, that will help keep individuals living independently in their homes and communities and to make it easier for working family caregivers to care for their loved ones.

In Connecticut there are approximately 459,000 family caregivers providing $5.9 billion annually in unpaid care for their loved ones. Family caregiving is an issue that affects just about every one of us. Raised Senate Bill 298 could help family caregivers by improving access to needed health services, help monitor a loved one's health, and provide health services for the caregiver.

Raised Senate Bill 298 is an important step for Connecticut's consumers. Furthering the use of tele-medicine could also help make it easier for patients and family caregivers to access the information and instruction they need to perform medical and nursing tasks they are being called upon to provide-- especially when their loved ones are discharged from the hospital.

We appreciate the opportunity speak on behalf of AARP today, and we encourage the Committee on Public Health to support Raised Senate Bill 298.

March 2, 2016

Connecticut Joint Committee on Public Health
Legislative Office Building
Hartford, CT 06106

Dear Joint Committee on Public Health Member:

The American Osteopathic Association (AOA) and the Connecticut Osteopathic Medical Society (COMS) are writing in support of SB 291 and SB 298. Both bills will promote greater access to health care by promoting the appropriate use of telemedicine and ensuring payment for services provided to patients in need. The AOA and COMS support the delivery of appropriate health care services utilizing online technology, online consultations and internet-based health programs, as well as coverage for such services by government and other third-party payers.

The AOA represents more than 123,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs, is the accrediting agency for osteopathic medical schools, and has federal authority to accredit hospitals and other health care facilities. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. COMS is a professional organization that represents over 600 DOs providing patient care in Connecticut.

The practice of medicine via electronic and technological means has been occurring for decades. As technology advances and the breadth of medical practice in this area expands, there is an increasing need to support the delivery of health care through technological resources. Telemedicine provides improved access to medical care and services to patients in rural or distant areas, and allows for easier access to care for immobile patients and those with limited mobility. Cost-effectiveness, through reduced travel times, is an additional benefit of delivering health care services through telemedicine.

Easing administrative and financial burdens on the practice of telemedicine in Connecticut will allow patients in rural and remote areas, and those with limited mobility, to receive the care they need. **We support SB 291 and SB 298 and ask the Committee to pass these important items of legislation.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

John Becher, DO
President, AOA

Gregory R. Czarnecki, DO
President, COMS

CC: Boyd R. Buser, DO, AOA President-elect
Joseph Giaimo, DO, Chair, AOA Department of Governmental Affairs
Michael Murphy, DO, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Chief Executive Officer
Ray Quintero, Senior Vice President, AOA Public Policy
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs
Samyuktha Gumidyala, Affiliate Executive, COMS

SENATOR MARTIN M. LOONEY
PRESIDENT PRO TEMPORE

Eleventh District
New Haven, Hamden & North Haven

State of Connecticut
SENATE

State Capitol
Hartford, Connecticut 06106-1591
132 Fort Hale Road
New Haven, Connecticut 06512
Home: 203-468-8829
Capitol: 860-240-8600
Toll-free: 1-800-842-1420
www.SenatorLooney.cga.ct.gov

Finally, I would like to say a few words on telemedicine. I would like to offer my support of SB 298 "An Act Concerning Telehealth Services for Medicaid Recipients." Last year the legislature passed and the governor signed Public Act 15-88, which required private and group health insurers to cover healthcare services provided by telehealth providers. The law was written to assure that the providers' standards of practice and care are upheld; safeguarding that quality is never compromised during a telehealth encounter.

Telehealth is not a substitute for in-person care; but rather a support to it. That is why I am opposed to SB 291, which would weaken the standards of practice by eliminating the requirement that healthcare providers have access to the patient's medical record and medical history. Allowing one or the other would weaken this strong provision.

This year, with the passage of SB 298, we would make quality, affordable healthcare more accessible to the Medicaid population. These are people who often have difficulty accessing the healthcare system. Telehealth would provide more access and I encourage your support.

Thank you for hearing all of this important legislation.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT
PUBLIC HEALTH COMMITTEE PUBLIC HEARING 3-2-2016

SUPPORTING: SB 298

Senator Gerratana, Representative Ritter, and members of the Public Health Committee:
Good morning. My name is Kathy Flaherty and I'm 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. I live in Newington. CLRP was established in 1990 pursuant to a Consent Order which 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'm also the Vice Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental illness, family members, mental health professionals and interested community members) dedicated to ensuring that a comprehensive, community mental health system is created and sustained for children, adults and families in Connecticut. I also served as a member of the Governor's Sandy Hook Advisory Commission.

1

Senate Bill 298, AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS, would require the Department of Social Services to provide coverage for telehealth services to Medicaid recipients. Increasing access to needed medical care is important for all Connecticut citizens. As providers find innovative, cost-effective, and efficient methods of providing care, they should be reimbursed appropriately. This bill would support increased access to care because it would provide reimbursement for services that are provided through real-time, interactive, two-way communication technology.

Connecticut Legal Rights Project, Inc. P.O. Box 351, Silver Street, Middletown, CT 06457 (860) 262-5030