March 11, 2021

The Honorable Mary Daugherty Adams  
Co-Chair, Connecticut Joint Public Health Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 3000  
Hartford, CT 06106

The Honorable Jillian Gilchrest  
Vice Chair, Connecticut Joint Public Health Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 4000  
Hartford, CT 06106

The Honorable Jonathan Steinberg  
Co-Chair, Connecticut Joint Public Health Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 3004  
Hartford, CT 06106

The Honorable Matthew L. Lesser  
Co-Chair, Connecticut Joint Insurance and Real Estate Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 2800  
Hartford, CT 06106

The Honorable Saud Anwar  
Vice Chair, Connecticut Joint Public Health Committee; Vice Chair, Connecticut Joint Insurance and Real Estate Committee  
Connecticut Legislative Office Building 300  
Capitol Ave., Room 2100  
Hartford, CT 06106

The Honorable Kerry S. Wood  
Co-Chair, Connecticut Joint Insurance and Real Estate Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 4000  
Hartford, CT 06106

The Honorable Julie Kushner  
Vice-Chair, Connecticut Joint Public Health Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 3800  
Hartford, CT 06106

The Honorable Robin Comey  
Vice-Chair, Connecticut Joint Insurance and Real Estate Committee  
Connecticut Legislative Office Building  
300 Capitol Ave., Room 4000  
Hartford, CT 06106

RE: ATA SUPPORT FOR SENATE BILL 1022

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to express our support and comment on Senate Bill 1022, which would expand Connecticut residents’ access to telehealth services.

The ATA is the only national organization with the sole purpose of advancing telehealth in the United States. Our foremost objective is to provide Americans with affordable, high-quality health care whenever and wherever they need it. The use of telehealth services eases the burden placed on the nation’s health care infrastructure, allowing the system to deliver services to millions more patients efficiently and effectively. The ATA represents a diverse and expansive coalition of technology solution providers and
payers, as well as partner organizations and alliances, working together to promote the implementation of telehealth across the country, endorse responsible telehealth policy, encourage government and market normalization, and deliver education and resources designed to further the integration of virtual care through the use of various innovative technologies.

Senate Bill 1022 represents an important step in the continuing development of Connecticut’s state telehealth policy. The ATA believes that many of the provisions in this bill will open pathways for Connecticut residents to access their much-needed health care services in a safe and efficacious manner.

First, our organization commends the legislature for its effort to allow a broad range of practitioners to deliver telehealth services in the state. Senate Bill 1022 would permit licensed professionals in a variety of medical fields to diagnose and treat their patients using the appropriate telehealth technologies. The expanded use of telehealth to respond to the COVID-19 pandemic has provided additional evidence to demonstrate that, when used appropriately, telehealth and the use of safe and efficient technologies to deliver virtual care to patients improves health care quality and outcomes, all while allowing patients and providers to communicate with each other from the comfort and safety of their homes.

Additionally, the ATA supports language in the proposed legislation which would allow licensed practitioners located in other states to render telehealth services to Connecticut patients. The ATA believes that patients should be able to receive virtual care from their provider of choice, regardless of that provider’s physical location, so long as the practitioners are utilizing the appropriate technology to uphold the established standard of care, are in good standing with their home states’ regulatory boards, and can still be held accountable by the appropriate Boards and state agencies should any issues arise from treatment. Permitting out-of-state licensed practitioners to deliver telehealth services to Connecticut residents will help patients across the state connect with practitioners whenever and wherever their need for care arises, removing arbitrary geographical barriers that would limit Connecticut patients’ access to the health care services.

The ATA also applauds you and your colleagues for proposing legislation that would require public and private health insurance plans cover telehealth services to the same extent as services provided in person. This provision would make it easier for Connecticut residents to access high-quality health care at any place and any time without having to worry about the potential financial burdens associated with receiving that care. As far as the rate of reimbursement for telehealth services is concerned, the ATA maintains that state policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings offered to the health care system by the effective use of telehealth technologies. The ATA is happy to assist the legislature in crafting equitable and responsible policy in terms of telehealth reimbursement rates.

While our organization commends the legislature for permitting the use of audio-only technologies in the delivery of telehealth services under certain circumstances, we want to emphasize our commitment to promoting technology-neutral language in policies regarding telehealth. As patients and consumers seek
more convenient and affordable ways to access healthcare, statutory frameworks should not mandate that providers always use certain types of technology or modalities to deliver virtual care. Instead, they should defer this decision to the licensed professional who can determine, in his or her professional opinion, which technologies are appropriate to meet the standard of care for the condition presented by the patient. In mandating that only in-network providers or practitioners enrolled in the Connecticut medical assistance program may use audio-only technologies, the legislature creates unnecessary roadblocks for residents seeking out care, especially those who do not have access to the high-speed internet connections necessary to operate audiovisual telehealth technologies or who would prefer to pay for their health care services with cash. Furthermore, the prohibition against “texting” could have adverse effects on certain behavioral health therapists that effectively utilize this telehealth technology.

Again, we thank you for your support of telehealth policy in Connecticut. In the context of the ongoing health crisis, it is essential that Connecticut residents have safe and efficacious access to the health care they need and deserve. We urge you and your colleagues pass Senate Bill 1022 with our recommendations in mind in the interest of expanding patients’ easy and efficient access to affordable, quality health care. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telehealth policy in Connecticut. If you have any questions or would like to discuss further the telehealth industry’s perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley  
Public Policy Director  
American Telemedicine Association