

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

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

The Honorable Robin E. Comey Vice Chair, Connecticut Joint Insurance and Real Estate Committee Connecticut Legislative Office Building 300 Capitol Ave., Room 4043 Hartford, CT 06106

RE: ATA ACTION COMMENTS ON HOUSE BILL 5450

Co-Chair Lesser, Co-Chair Wood, Vice Chair Anwar, and Vice Chair Comey:

On behalf of ATA Action, I am writing to express concerns about certain provisions in House Bill 5450 relating to telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Among other things, House Bill 5450 would enter Connecticut into the Psychology Interjurisdictional Compact. The bill would also mandate that unless the provisions of the Compact apply to any given mental health care provider, that mental health care provider would need to (a) have a physical presence in the state; (b) charge rates pursuant to Connecticut law; and (c) regularly see patients in the state in order to deliver care via telehealth.



While ATA Action applauds the Legislature for seeking to adopt the Psychology Interjurisdictional Compact, we believe that the provision requiring mental health care providers who are not members of the Compact to reside in Connecticut and regularly see patients in the state would serve as a clinically unsubstantiated barrier to high-quality mental health care. Our organization believes that patients should be able to receive virtual care from their preferred providers – regardless of the provider's physical location or the recency with which the patient received care from that provider in person – so long as the provider is licensed and in good standing in his or her home state, is utilizing the appropriate technology to uphold the established standard of care, and can still be held accountable by the appropriate boards and state agencies should any issues arise from treatment of the Connecticut patient.

If passed in its current form, House Bill 5450 would place arbitrary geographic restrictions on patient access to care. Under this new law, a patient residing in Danbury, Connecticut would not be able to receive mental health care services from a Connecticut-licensed provider living just 10 miles away in Brewster, New York (as New York is not a member of the Psychology Interjurisdictional Compact) but would be able to receive care from a provider living 90 miles away in New London, Connecticut. Instead of ensuring that patients are receiving high-quality mental health care via telehealth technologies, this provision would only restrict patients' ability to get the mental health care services they need during a time when demand for such services has never been higher.

ATA Action suggests permitting all out-of-state providers licensed and in good standing in their home states to render telehealth services to Connecticut patients. If this policy were adopted, Connecticut patients would have the opportunity to connect with qualified providers whenever and wherever their need for care arises. Policies which enable out-of-state providers to practice at the top of their licenses and deliver high-quality health care via telehealth remove arbitrary geographical barriers that limit patients' access to the health care services they want, need, and deserve.

One such model adopted in other states to promote licensure flexibilities involves a simple registration process that requires the out-of-state health care provider to show that they (1) are licensed and in good standing in his or her home state, (2) maintain liability coverage similar to if they were providing services in person, (3) do not open an office in the state, and (4) only use approved pharmacies to dispense prescription drugs. Again, any out-of-state provider would still be subject to the laws and regulations of Connecticut, would operate under the authority and enforcement of the state's regulatory boards, and could have their registration revoked and penalties levied in the same manner as a provider delivering services in person.

Temporary waivers have demonstrated the efficacy of extending the availability of out-of-state providers to increase access to patient care. ATA Action is unaware of any adverse results to patient safety in the state as a result.



Thank you for your support for telehealth. We urge the Committee to amend language in the bill relating to licensure flexibilities for mental health care providers in the interest of securing access to affordable, high-quality care for Connecticut patients. If you have any questions or would like to know more about the telehealth industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,

Kyle Zebley

Executive Director

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