



March 6, 2023

The Honorable Jillian Gilchrest  
The Honorable Matthew Lesser  
Co-Chairs, Human Services Committee  
Connecticut General Assembly  
Legislative Office Building, Room 2000  
Hartford, CT 06106

**RE: ATA ACTION COMMENTS ON SENATE BILL 1176**

Dear Chairs Gilchrest, Lesser and members of the Joint Committee on Human Services:

On behalf of ATA Action, I am writing you to express support and concerns for Senate Bill 1176, particularly regarding how the language may affect cash-pay telehealth providers.

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 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.

ATA Action believes that several of the telehealth-related provisions in the bill, if slightly revised, would serve as steps forward for Connecticut's healthcare program.

First, we are appreciative and in support of SB 1176's revision of the definition of telehealth to include audio-only services for providers that are in-network. Currently, the Connecticut medical assistance code does not support reimbursement for audio-only telehealth. This is an expansion of the telehealth services currently available to patients enrolled in these programs and is a commendable step forward for telehealth policy in Connecticut.

However, we are concerned with the limitations of this expansion. The extension of audio-only modalities should not be limited to in-network or Medicaid providers. As long as the standard of care is met, audio only services increase access to care, particularly for vulnerable low-income and rural communities dealing with broadband access and convenience barriers. The use of technology should not be contingent on a patient's insurance.

However, ATA Action is concerned that subsections (b) and (i) may unintentionally bar cash pay providers from delivering telehealth services in Connecticut. Subsection (b)(1) states in part that a telehealth provider shall only provide services after the provider "has determined whether the patient has health coverage that is fully insured, not fully insured or provided through the Connecticut medical assistance program, and whether the patient's health coverage, if any, provides coverage for the telehealth service;" [Section 2, Subsection (b)(1)]. Additionally, subsection (i)(1) states, "No telehealth provider

**ATA ACTION**

901 N. Glebe Road, Ste 850 | Arlington, VA 22203  
Info@ataaction.org



shall provide health care or health services to a patient through telehealth unless the telehealth provider has determined whether or not the patient has health coverage for such health care or health services.” (Section 2, Subsection (i)(1)).

The legislative intent behind these sections appears to be to apply only to telehealth providers that take Connecticut Medical Assistance insurance reimbursement. However, (b)(1) and (i) instead appear to apply to all “telehealth providers” generally (the definition of “Telehealth provider” in this section does not limit to providers accepting medical assistance reimbursement), and would seem to include cash pay providers who do not typically accept insurance.

This language is problematic as it would add unnecessary, confusing and costly administrative burdens on cash pay providers to take and review health insurance information when both the provider and patient understand health insurance will not be used to pay for such services. The bill would also prevent cash pay telehealth providers subject to these rules from setting their own rates when a patient does not otherwise have health insurance [Subsection (i)(2)(A)]. Additionally, this language increases confusion on the rate structure for services not subject to Medicare rates. Telehealth laws should not conflate and limit options and access to innovative care services, and access to telehealth should not be restricted when a consumer is willing to pay for such services out-of-pocket.

ATA Action recommends adding an amendment at the end of Section 2 to say that the foregoing requirements do not apply to telehealth providers who do not receive reimbursement from the Connecticut Medical Assistance Program for telehealth services rendered.

Thank you for your support for telehealth. We encourage you and your colleagues to consider changes to this bill to address the concerns we raised above. This bill remains a positive step in the right direction for patients in the medical assistance program and Connecticut’s telehealth patients in general by expanding their healthcare flexibility to audio only services. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in Connecticut. If you have any questions or would like to engage in additional discussion regarding the telehealth industry’s perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a light grey circular watermark.

Kyle Zebley  
Executive Director  
ATA Action