



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
HUMAN SERVICES COMMITTEE  
Tuesday, March 7, 2023**

**SB 1176, An Act Concerning Telehealth**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1176, An Act Concerning Telehealth**. CHA supports the intent of the bill but seeks modifications.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

SB 1176 recognizes that telehealth uses technology to connect patients to a wide variety of vital healthcare services and enables access to primary care physicians, specialists, and many other providers. It further recognizes that patient care will be improved by making permanent many of the significant expansions in telehealth coverage and flexibilities that were introduced in response to the pandemic.

We strongly support the provisions in this bill that provide coverage for the full range of telehealth modalities including synchronous, asynchronous, and remote patient monitoring and the provisions that maintain such coverage in Medicaid and the Children's Health Insurance Program to the maximum extent possible under federal law. We commend the bill's continued recognition that it is critically important to preserve access to audio-only telehealth services, especially for those patients who remain on the far side of the digital divide.

The bill maintains existing flexibilities with respect to where the patient is located at the time of service (originating site), whether at home or in a community- or facility-based setting, and where the physician or other practitioner who provides the service is located (distant site). Finally, the bill preserves in statute essential provisions to ensure reimbursement on par with the same service if rendered in person. We recommend that reimbursement parity protections be extended to an insured's cost share obligations by amending Section 3(4)(b) as follows:

(b) Notwithstanding any provision of title 38a of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider or charge an insured a higher cost-share for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.

**We oppose new provisions in subsection (a)(13), which would extend without restriction, and outside of the context of a public health emergency, the ability of practitioners licensed in other states to render telehealth services to Connecticut patients without also having a license to practice in Connecticut.** Such flexibilities would jeopardize patient safety and quality because patients seen by such practitioners would not be subject to the extensive protections provided by the Connecticut Department of Public Health in its oversight of state licensure and certification.

We believe the rendering of telehealth services to a patient located in Connecticut by a clinician licensed in a jurisdiction outside of Connecticut should only be permitted when there is a relationship with a Connecticut healthcare provider or meaningful oversight by Connecticut authorities, (e.g., through reciprocal licensure, compacts).

Specifically, we believe it is critically important that patients have a locally licensed provider of care who is able to coordinate and ensure continuity of care for the entirety of a patient's care needs. We recommend that this legislation be amended to permit healthcare providers to deliver telehealth services, consistent with the scope of practice of their license, to a patient located in Connecticut, only if the rendering provider is:

1. Engaged with, employed by, or contracted with a Connecticut-based healthcare provider, or
2. Engaged with, employed by, or contracted with an affiliate or other entity under the control of, or under common control with, a Connecticut-based healthcare provider.

In either instance, we recognize that, as noted in the bill, it shall be incumbent on the Connecticut-based healthcare provider to verify the credentials of such provider in the jurisdiction in which such provider is licensed, certified, or registered; ensure that such provider is in good standing in such jurisdiction; and confirm that such provider maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified, or registered providers of healthcare or other health-related services in Connecticut.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.