**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Public Health Committee**
**In support of SB 246 & SB 467**
**February 23, 2014**

Good afternoon, Representative Ritter, Senator Gerratana, Senator Markley, Representative Srinivasan and members of the Public Health Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Senate Bill 467 would require the establishment of minimum standards of practice for telemedicine in Connecticut, and requires that insurers provide coverage for services delivered via telemedicine. This represents an important element in the development of a comprehensive, equitable and innovative delivery and reimbursement model. As individuals integrate the digital environment into daily life, telemedicine represents a logical extension of this trend, and it is reasonable that Connecticut should be at the forefront of this movement.

Telemedicine has been integrated into healthcare treatment for well over a decade, especially for chronic disease management, and exponential advances in computing power and bandwith technology are rendering it increasingly easy to access and share information in virtual environments. CMS has recognized this and began providing for basic coverage of telehealth services in 1999. Routine

reassessments of the benefits to health, access and cost using this model has resulted in a gradual but continuing expansion of this assessment methodology. Through proper utilization of telemedicine, consumers will benefit in a multitude of areas. From increased informed decision making capability and enhanced quality of care, telemedicine has the potential to save lives through increased access to remote consultation for routine, chronic or acute care, resulting in earlier diagnoses and intervention.

This technology has been utilized for chronic homebound patients for years, with dramatic results. A pilot study linking homebound patients to remote monitoring systems resulted in a reduction of hospitalizations by 54%, with substantially better patient outcomes and drastic cost savings. Another study of pregnant women in rural areas found better compliance with medical treatment planning as well as a 66% cost savings for those utilizing telemedicine services. The expansion of access to telemedicine services will impact a wide array of demographics – the elderly, vulnerable, rural, and those suffering from mental health issues chief among them.

There are other factors of significance as well. For those people with access to care issues, due either to transportation or financial barriers or available provider access due to distance, the use of telemedicine in medically appropriate circumstances can dramatically increase the likelihood of compliance by mitigating the associated costs of seeking medical treatment, including time off of work, travel and its associated costs, perhaps difficulty arranging childcare and more.

While telemedicine holds great promise for innovation and increasing consumer's access to and quality of care, it is important to understand that this approach is still in its infancy. It is important to clearly define what interactive telemedicine means, does it include email, or only real-time communications. More importantly, there should be clear utilization guidelines so that consumers know what services they are entitled to and providers know what services they can provide, as well as who may provide these services and how. Ambiguity could have a substantial chilling effect on the implementation for the populations most likely to derive significant benefit.

SB 246 requires the development of such standards. The requirement that any person receiving telemedicine services must have first been evaluated in person by either the telemedicine provider or by a referral from the treating provider serves to ensure that each patient's diagnosis is based on the most complete information. Once a diagnosis and treatment plan have been developed, and the utilization of telemedicine as an integral element of that plan has been determined appropriate, qualified providers in

compliance with appropriate standards of care may continue to follow the patient virtually. Each patient must receive effective and informed consent concerning the treatment and implications of utilizing telemedicine services. Further, the telemedicine provider must have access to the patient's medical record and health history so that they have the patient's available and relevant medical information to ensure continuity in care.

In addition, SB 246 adds an extra layer of protection for consumers by requiring that any out of state providers providing telemedicine services in the state to register with the Department of Public Health, who shall maintain a registry of these providers.

As Connecticut continues to lead the way forward in improving healthcare systems, as evidenced by the initiatives promoted by the State Innovation Model Initiative, telemedicine is an important tool. Given the promise for innovation and consumer access to quality care, clear definition of what interactive telemedicine encompasses and the processes under which it shall operate is critical to the effective integration of telehealth into our healthcare systems. Further, concerns that the requirement of insurance coverage of telemedicine services may construe a new state mandate are unfounded. The Centers of Medicare and Medicaid Services has issued guidance affirming the importance of this initiative and clarifying that they "do not consider…state requirements relating to service delivery method (e.g., telemedicine) to be state-required benefits."[i]

Both SB 246 and SB 467 are important and complimentary initiatives that are support the future of healthcare in our state and nation, and are representative of our state's innovative leadership in healthcare reform.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

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[i] http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html