**Testimony of Victoria Veltri**

**State Healthcare Advocate**

**Before the Insurance and Real Estate Committee**

**In support of SB 5**

**February 3, 2015**

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate 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 5 requiring that insurers provide coverage for services delivered via telemedicine is an important element in the development of a comprehensive, equitable and innovative delivery and reimbursement model. This will enhance consumer's access to their providers and makes important strides as individuals integrate the digital environment into their lives, 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, 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. In addition, as EHR becomes standardized, providers will have increased access to each patient's medical record.

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. 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.

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. Ambiguity could have a substantial chilling effect on the implementation for the populations most likely to derive significant benefit.

Of equal importance is clarity concerning those providers delivering telemedicine services. Connecticut currently requires that any physician providing telemedicine services must have a valid Connecticut medical license. However, holding a current licensure in Connecticut does not necessarily mean that the provider resides and practices in the state. As the Connecticut State Medical Society has noted, the lack of clear guidelines concerning the delivery and use of telemedicine services in Connecticut could result in out-of-state providers with Connecticut licensure who have no connection or relationship with the patient. These providers' lack of understanding of the local healthcare system can adversely affect the consumer's continuity of care, given the lack of relationship with local provider, difficulty following up with the same provider, as well as access to electronic health records, and runs counter to reform efforts.

As Connecticut continues to lead the way forward in improving healthcare systems, as evidenced by the initiatives promoted by the State Innovation Model Initiative, telehealth is an important tool. Given the promise for innovation and consumer access to quality care, clear definition of what interactive

telemedicine encompasses is critical to the effective integration of telehealth into our healthcare systems. 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]

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