



DATE: March 19, 2019
TO: Human Services Committee
FROM: Brunilda Ferraj, Director of Policy Research and Organizational Initiatives
RE: S.B. 1052: AN ACT EXPANDING MEDICAID COVERAGE OF TELEHEALTH SERVICES

Good morning Senator Moore, Representative Abercrombie, Senator Logan, Representative Case and members of the Human Services Committee:

My name is Brunilda Ferraj, Director of Policy Research and Organizational Initiatives at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. Nonprofits deliver essential services to more than half a million people each year and employ 14% of Connecticut's workforce.

The Alliance supports S.B. 1052 An Act Expanding Medicaid Coverage of Telehealth Services, which would require DSS to expand Medicaid coverage of telebehavioral health services statewide.

Telehealth is an innovative form of service delivery rather than a new type of service. The Centers for Medicare and Medicaid Services considers telehealth as a "cost-effective alternative to the more traditional face-to-face way of providing medical care." Telehealth is technology that improves patients' access to care, including behavioral healthcare, by allowing providers to conduct counseling and other behavioral health services through a simple, confidential videoconferencing platform.

If telebehavioral health is implemented in Connecticut, **providers must have the ability to bill to Medicaid for services at a rate that covers the true cost of care for the benefits of telehealth services to be truly realized.**

According to a [2016 nationwide study](#) from Epstein Becker Green, and subsequent policy changes in Rhode Island and Massachusetts that have occurred since its publication, **Connecticut is now the only state in the nation that does not allow for any Medicaid billing of telebehavioral health services.** Most commercial insurance plans now include telehealth services, leaving Medicaid recipients with less access to care.

In 2016, the legislature passed [Public Act 16-198](#), which directed the Department of Social Services to implement telehealth services in the Medicaid program and submit a report to the Human Services and Public Health Committees, but it has not yet occurred. In September 2018, all five of Connecticut's Members of Congress wrote to DSS urging them to implement telebehavioral health in the Medicaid program.

The benefits of telehealth are great and include the ability for states to:

- Mitigate the impact of the widespread shortage of mental health professionals in Connecticut, especially in rural areas;

- Reduce the impact of stigma as a barrier to access by allowing patients to receive treatment from the privacy of their own home;
- Keep up with innovations in the provision of behavioral health services occurring across the country; and,
- Improve access to addiction treatment amidst an opioid crisis.

In Connecticut, there are two concurrent stress points in the behavioral health system that can be addressed through the use of telehealth. In the child-serving sector, there is a shortage of child psychiatrists; many of whom refuse to participate in Medicaid or even accept commercial insurance, which results in delayed treatment and over-reliance on care solely using medication.

In the adult-serving sector, the need for behavioral health services continues to grow. The surging opioid epidemic has drastically increased the need for more efficient and accessible addiction services, depression is the leading cause of disability worldwide, and mood disorders are the third leading cause of hospitalization in the United States. Social stigma and limited transportation access continue to deter people from seeking the treatment they need. In 2014, nearly 60% of adults with mental illness did not access mental health services in the previous year.

These issues are compounded by the fact that there is a shortage of mental health professionals in Connecticut. Over 2.7 million Connecticut residents – about ¾ of the total population – live in areas without a sufficient number of behavioral health providers.

Further, consumers want access to telehealth. A Price Waterhouse-Cooper survey of consumers aged 18-44 found that 72% of respondents would be willing to receive behavioral health services remotely via videoconference in lieu of an in-office visit.

At least [25 peer-reviewed journal articles](#) published between 2000 and 2017 found that telebehavioral health improves access to care for underserved populations and is cost-effective and the federal Health Resources and Services Administration (HRSA) reported that telebehavioral health has high levels of patient satisfaction and cost savings.

I understand DSS is currently working on a plan to allow for billing of telehealth prescribing for psychiatric disorders, which is a great first step to increasing access. This proposal has been discussed in recent months at the Behavioral Health Partnership Oversight Council and its subcommittees. The Alliance supports this as it would improve patients' access to treatment by allowing providers to prescribe remotely, improving access and convenience for both providers and consumers. But we also support the intent of S.B. 1052 to mandate that telebehavioral health billing in the Medicaid program moves forward.

Thank you for your attention to this important issue.

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