HEALTH EQUITY SOLUTIONS

Testimony in Support of S.B. 375, An Act Concerning Telehealth.

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Public Health Committee

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Dear Senator Anwar, Representative Steinberg, and esteemed members of the Public Health Committee,

Thank you for accepting this testimony in support of S.B. 375 on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

HES strongly supports the extension of telehealth provisions in the state to June 30, 2024 and recommends: (1) ensuring access to technology and broadband, (2) evaluating the impact of telehealth on racial and ethnic disparities in health, (3) the inclusion of dental hygienists (as proposed in H.B. 5450), and (4) requiring an opt-out option for any telehealth service so the patient has a meaningful choice between an in person or virtual appointment.[1, 2]

Telehealth services are key to equitable access to health services during the pandemic and beyond. Low-income households and Black, Latino/a, Indigenous, and other people of color have been disproportionately impacted by COVID-19 and are disproportionately likely to struggle with barriers to care such as transportation and dependent care in non-pandemic times. Solidifying equity focused telehealth will require long term extensions of telehealth to address the digital divide and meet the needs of people of color. Telemedicine has long been proposed as a means of addressing social determinants of health (like transportation and time off from work) that prevent people from seeking care. Yet, limitations and questions about the ability of telehealth to address health equity remain.[3]

Access to technology and broadband are barriers for many Connecticut residents. Lack of access to broadband internet is a persistent challenge reported by 18.3 million Americans across the U.S. and experienced by 43% of adults with household incomes below $30,000 a year in comparison to 7% of adults with household incomes over $100,000.[4, 5] Some states are making strides towards both providing

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[1] Siegel, K., & Volk, J. A. (2021). Considerations for Telehealth Equity. State Health and Value Strategies. Retrieved from https://www.shvs.org/considerations-for-telehealth-equity/

[2] Volk J., Palanker D., O'Brien M., Goe C. (2021). States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. Retrieved from: https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19

[3] IMPAQ Health and American Institutes for Research. "The Expansion of Telehealth: Equity Considerations for Providers & Payers." Retrieved from: https://impaqint.com/sites/default/files/issue-briefs/The%20Expansion%20of%20Telehealth_Issue%20Brief_1.2.pdf

[4] Campbell S., Castro J. R., &, Wessel D. (2021). The benefits and costs of broadband expansion. Retrieved from https://www.brookings.edu/blog/up-front/2021/08/18/the-benefits-and-costs-of-broadband-expansion/

[5] Federal Communications Commission (n.d.). Fixed Broadband Deployment. Retrieved from https://broadbandmap.fcc.gov/#/

necessary internet/technology to access telehealth and expanding coverage.[6] States including Massachusetts and New York have issued resources to provide Medicaid beneficiaries with information about options for accessing technology required for telehealth. States such as Colorado, Nevada, Oregon, and Washington have agreed to work together to identify best practices and address inequities in telehealth.[7] Some states, including Minnesota, Tennessee, California, and Colorado, provide grants to improve broadband coverage in historically underserved areas.[8]

Long-term extensions of telehealth must address the digital divide if telehealth is to promote equity in access to healthcare. Telehealth—both video and audio-only—may have improved access for patients who would otherwise face barriers such as physical mobility, transportation, or dependent care. For others, access to services is still negatively impacted by a lack of access to technology.

Further, while telehealth utilization has increased dramatically during the pandemic, there are not yet federal or professional standards for best practices in telehealth. This format is better suited to some services (e.g. talk therapy, brief consultations with existing clients) than to others (e.g. routine physical exams and screenings such as a pap smear). We recommend that the state follow emerging guidance from professional organizations to ensure telehealth strategies maximize health outcomes.

We must evaluate whether or not telehealth truly promotes equity. **The impacts of systemic racism mean that a number of social and economic factors disproportionately limit access to care for Black and Latino residents of our state.** Factors such as housing density, household size, and related privacy concerns are more likely to impact people of color and may limit the viability of telehealth for people facing these concerns. If Connecticut is intentional in our approach to equity in telehealth, we can work to address any gaps or inequities identified through this evaluation in future adjustments to telehealth services. For example, barring a pandemic or other safety concerns, patients should be provided a choice regarding whether an appointment is in person or virtual so that any concerns about privacy or comfort with technology are accounted for. Further, issues related to English language proficiency and digital fluency could be addressed if these are identified as barriers for certain demographic groups.

By evaluating the impact of telehealth on racial and ethnic disparities in health care, the state will be taking a key step in ensuring that all people in Connecticut, regardless of race, ethnicity, and/or socioeconomic status have equitable access to health care. Further, requiring that patients be afforded the right to opt-out of telehealth can ensure continued access to care to people facing barriers to telehealth.

Finally, ***HES supports the inclusion of dental hygienists in the list of providers permitted to engage in telehealth***, as proposed in H.B. 5450. Hygienists can use this technology to expand access to care outside of traditional settings.

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[6] Jared Augenstein, Jacqueline Marks, *Executive Summary: Tracking Telehealth Changes State-by-State in Response to COVID-19 - January 2021*. Retrieved from https://www.jdsupra.com/legalnews/executive-summary-tracking-telehealth-8692451/

[7] Washington COVID-19 (Coronavirus), News & Media (2020). Retrieved from https://www.governor.wa.gov/news-media/washington-colorado-nevada-and-oregon-announce-coordination-telehealth

[8] Kathryn de Wit and Anna Read, *How States Are Expanding Broadband Access.* Retrieved from https://www.pewtrusts.org/en/research-and-analysis/reports/2020/02/how-states-are-expanding-broadband-access

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Thank you for the opportunity to testify in support of equity-focused telehealth by extending the expansion of telehealth provisions in the state to June 30, 2024, addressing the digital divide, and ensuring that telehealth services center equity. We can be reached with any questions at ksiegel@hesct.org or 860.937.6437.