



Testimony Regarding H.B. No. 5596: An Act Concerning Telehealth.

Samantha Lew, MSW
Public Health Committee
Insurance and Real Estate Committee
March 15, 2021

Dear Senator Daugherty Abrams, Representative Steinberg, Senator Lesser, Representative Wood, and esteemed members of the Public Health and Insurance and Real Estate Committees,

My name is Samantha Lew and I am submitting this testimony today on behalf of Health Equity Solutions, where I serve as the Policy Analyst and Advocacy Specialist. Health Equity Solutions is 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.

Telehealth services are key to equitable access to safe health services during the pandemic and beyond. Those in low-income communities and communities 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. For years telemedicine has been a proposed means of addressing social determinants of health that prevent people from seeking care. Yet, some limitations and questions about the ability of telehealth to address health equity remain.¹ For these reasons, we support a study of telehealth services as well as an extension of the pandemic-related telehealth capabilities.

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 health 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. 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 the study identifies barriers for certain communities.

¹ IMPAQ Health and American Institutes for Research. "The Expansion of Telehealth: Equity Considerations for Providers & Payers." Retrieved from: https://impagint.com/sites/default/files/issue-briefs/The%20Expansion%20of%20Telehealth_Issue%20Brief_1.2.pdf

For individuals who rely on telehealth coverage, the extension of these services will mean access to care as the COVID-19 pandemic continues. ***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.***²

Thank you for the opportunity to testify in support of working towards equity-focused telehealth. I can be reached with any questions at slew@hesct.org or 860.937.6432.

² Centers for Disease Control and Prevention. Childhood Lead Poisoning. Retrieved from: <https://ephtracking.cdc.gov/showLeadPoisoningEnv>