

Testimony -- **House Bill No. 2206**

Committee on Health and Human Services
House of Representatives, State of Kansas

Chairman Hawkins and members of the Committee:

We are pleased to provide written testimony encouraging the adoption of House Bill 2206.

Our foundation has been investing in rural health system improvement, particularly in the frontier parts of our state, for five years. A current project undertaken with other health philanthropies in Kansas and the Health Resources Services Administration involves seven critical access hospitals in the western third of the state. We regularly convene a rural health advisory group of about thirty-five stakeholders across the state to review rural health issues and plan our rural health grantmaking program. In 2014, we organized a trip for thirty Kansans to visit the Avera Health System in Sioux Falls, South Dakota, to learn about that system's intensive telemedicine program which included ICU and ER support; some facilities in Kansas have since adopted Avera telemedicine services into their hospitals.

These experiences are what prompt our testimony in support of House Bill 2206. There remain obstacles to realizing the needed services telehealth can bring to distant, low volume health care facilities in Kansas. Lack of parity in payment with face-to-face services and convoluted rules varying from payor to payor are two prime examples. The continued falsehood that people are not accepting of telemedicine services often is brought up in conversations. The Avera experience and mounds of research indicate that, to the contrary, telemedicine is largely accepted by patients of all ages. Again, one of our own projects involving the delivery of behavioral health services by a mental health center to one of its more remote and smaller population catchment counties demonstrated the efficacy and acceptance of "tele health."

This bill will send a clear message to rural providers and payors that telehealth is legal and welcome in Kansas. Having a statute which sets standards and operating rules when telehealth is covered by the payor will encourage providers and patients alike to utilize this cost-effective and needed delivery platform. As the Committee well knows, the challenges to our rural health systems are great. Workforce is a particular problem, and telehealth permits access to specialties that could never be attracted to many smaller locales. Having sufficient services to keep patients in rural health systems is another aspect of the challenge. When specialists can serve patients by telehealth in patients' home communities, the patients remain part of the local health system (and community) while they receive needed services. This helps sustain the local system and reduces expensive travel for patients.

House Bill 2206 is important not only for its specific provisions applying to those payors providing coverage for telemedicine and telehealth but also for its statement by the Legislature of the importance of these services for the future of our health care system.

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