

February 15,2017

RE: House Bill 2206

Dear Committee Chairperson and Ranking Member,

My name is Nathan Fawson, and I am the Executive Director for Southeast Kansas Mental Health Center. I appreciate the opportunity to provide testimony in support of HB 2066. I hope that my testimony will explain current telemedicine restrictions among health insurance companies and advocate for telemedicine parity. Healthcare access, quality, and cost are all improved with the availability and delivery of telemedicine. These benefits are especially pronounced in rural areas where there is a shortage of healthcare providers and specialty care.

As a six-county Community Mental Health Center providing an array of behavioral health services in rural southeast Kansas, telemedicine has proven to be essential in providing timely, affordable and quality treatment to those individuals in need. When permitted and needed, we very effectively and with strong consumer satisfaction provide televideo psychiatry and therapy to those we serve that otherwise may suffer from unnecessary mental health challenges and hospitalizations. By providing medication management and therapy services to our consumers via televideo, we are improving their access to our treatment, reducing consumer and organization costs, and providing quality services that help them better manage their mental health needs in their home and community settings, which reduces the need for a more restricted and expensive level of care such as hospitalization.

Rural southeast Kansas experiences a psychiatry shortage that further warrants the need for telepsychiatry. Because we serve and have offices in six counties, there are times when providing telepsychiatry between offices is essential in order to meet consumers' treatment needs and avoid unaffordable travel and down time.

Additionally, the capability for our providers to offer telepsychiatry from an office more local to their home has also proven essential in meeting our consumers' needs. Just as consumers have personal challenges that prevent them from traveling long distances to receive specialty care, our providers might also face similar challenges that prevent them from being able to travel to our offices to deliver face-to-face services. Namely, all of our psychiatry providers commute 3 to 4 hours round trip from their homes to provide in-office face-to-face services or office-to-office telepsychiatry. Our consumers have greatly benefited from our providers being able to offer telepsychiatry from their home office when needed versus having to cancel appointments due to the provider's inability to travel 3 to 4 round trip hours to our office. Such cancelations would likely result in lengthy rescheduling delays while compromising consumers mental health treatment and prescription needs and increasing the risk of costly and unnecessary hospitalization.

For example, approximately 5 years ago our Medical Director of 25+ years experienced a significant life changing illness amongst a family member (wife) that required him to be within close proximity to provide support, as needed. As a result, he was no longer able to be so far away from home, preventing him from providing face-to-face services in our offices. Fortunately, telepsychiatry from his home office was the solution that allowed him to continue serving our consumers rather than resigning his position. This would have posed significant risk to our consumers due to the psychiatry shortage we experience in southeast Kansas.

For more than two years and up until his wife's passing, our Medical Director devoted his expert care and treatment to both his beloved wife and our consumers via televideo. He also scheduled periodic in-office visits with our consumers while arranging for his wife to come with him and endure the long commute to and from our office. He stands as an exceptional example of one committed to providing quality, compassionate, and devoted healthcare to all in need. Telepsychiatry has made all this possible.

The greater service tragedy, however, occurred when our Center was informed by an insurance company that he would no longer be approved to deliver telepsychiatry services to any of their insured members. Without assessing the effectiveness of our telepsychiatry services to date, they instead informed us that their policy prohibited our telehealth services. They then approved us to only see their members face-to-face or refer them to other providers on their panel that were within a 90 mile radius. However, none of their other panel providers in our service area had psychiatric credentialing and instead were the very primary care physicians that referred their patients to our psychiatrist for his expertise in treating and managing complex behavioral health needs and medications.

In response to the insurance company's telepsychiatry denial, we appealed to the insurance company's highest possible clinical and administrative professionals advocating the telepsychiatry needs of their members. Additionally, we pursued the support of the State of Kansas Insurance Commissioner, the Association of Community Mental Health Centers of Kansas and other mental health advocates. Only after a significant passing of time and disruption of services to our consumers, the insurance company granted an exception to their rules (many of which were clinically unfounded and not in clearly written policy form) and approved our telepsychiatry services to resume. However, since then we have heard of many other mental health providers across the state being subject to denial of telehealth services by insurance companies.

Fighting for telehealth treatment rights of insured members shouldn't require such painstaking, time consuming, and costly appeals that result in denials, delays and disruption to services that compromise people's lives and wellbeing and place them at risk of hospitalization! Thus, blanket denials of telehealth services by insurance companies should no longer be tolerated, especially where there is no review of clinical effectiveness or contradicting evidence that telehealth services do not meet consumers' needs.

In conclusion, parity between face-to-face and telehealth services is needed to improve people's treatment needs and promote wellness rather than the risk of decompensation of health and hospitalization. Therefore, I plea for legislative support of House Bill 2066 regarding telehealth parity.

Sincerely,

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