



Testimony to House Committee on Health and Human Services on House Bill 2206

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Mister Chairman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "safety net" for Kansans with mental health needs.

Our Association appreciates the opportunity to testify today in support of HB 2206 relating to the coverage of telemedicine and parity for treatment provided in this manner. We applaud the recognition that with Kansas being a rural state and with the technological advances that have occurred, that all persons should have access to health care regardless of where they live. Providing parity for payment is a major step. Some questions our members have are as follows:

- How would this impact our ability to bill the payor or the patient?
- Would it be possible for a provider like a CMHC that covers a significant amount of geographical area, particularly in rural Kansas, to bill both at the originating site as well as at the provider site? For example, if a psychiatrist sits in Hays and is seeing a patient in Colby where there is a therapist or nursing staff?
- Should the Department responsible for implementation be the Kansas Department of Health and Environment (KDHE) rather than the Kansas Department for Children and Families (DCF)?

Lastly, as our Association testified before this Committee in strong support on HB 2124 relating to the addition of psychiatry to the Kansas Medical Student and Resident Loan Payment Act, we identified the clear and convincing need for more psychiatrists in our state to help treat Kansans with mental illness. This legislation would be an additional contributor to filling the shortage we face as well as helping with the overall shortage of health care practitioners in rural Kansas.

We ask the Committee to continue work on this important legislation which could remove barriers to healthcare access for some of our most vulnerable citizens and pass HB 2206 out of Committee.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions.

House Health and Human Services
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