



To: House Health and Human Services Committee

From: Rachelle Colombo
Director of Government Affairs, Kansas Medical Society

Date: February 1, 2018

Re: HB 2512; the Kansas Telemedicine Act

The Kansas Medical Society appreciates the opportunity to appear before you today in support of HB 2512, the Kansas Telemedicine Act. Telemedicine is a tool that can and should enhance the patient-physician relationship and has the potential to improve access. Currently, telemedicine is unregulated in Kansas and while patients and providers alike utilize telemedicine, the practice has not been consistently encouraged or enforced.

HB 2512 is the collaborative product of various stakeholders' agreed upon tenants to form a fair statutory framework to encourage and regulate telemedicine. The bill does not speak to all facets of telemedicine - it does not define specific modalities or platforms, identify all provider types or mandate reimbursement rates. Rather, HB 2512 aims to provide a clear definition of telemedicine as a method for health care delivery via a technological platform, it ensures that the same standard of care must be met through telemedicine as in-person care, and it prohibits the denial of reimbursement solely due to the use of telemedicine versus in-person care.

It is important to note HB 2512 does not increase covered services, but explicitly recognizes telemedicine as a way to deliver existing covered services. It should not be misidentified as an insurance mandate. Thirty-one states have established coverage parity for telemedicine.

Though it is possible that many health care services can be administered through telemedicine, HB 2512 only outlines the criteria relevant for the practice of medicine and the delivery of mental health services. Providers must be licensed and regulated by their respective boards and are held to the same standard of care as otherwise applicable for in-person care.

HB 2512 establishes that telemedicine should be delivered through HIPAA-compliant, real-time, two-way, interactive audio, visual or audio-visual communication including secure video conferencing or store-and-forward technology. These qualifiers were agreed upon by physicians, hospitals, insurers and vendors to ensure patient protection and high quality care without being overly proscriptive about modalities that may evolve over time.

The bill stipulates that a provider utilizing telemedicine will be held to the same standard of care, including establishing a valid patient-physician relationship and ensuring continuity of care by requiring that if a patient consents, their primary care physician must be notified with 72 hours of a telemedicine encounter. While this requirement is unique to telemedicine, it balances the access that telemedicine affords with the importance of continuity of care - both of which are in the patient's best interest and are best practice.

Finally, HB 2512 provides coverage parity for telemedicine by establishing that an otherwise covered health care service cannot be denied for reimbursement solely on the basis of having been delivered via telemedicine or based on the lack of a commercial, physical, office. This provision extends to those providers who work under the delegatory authority or direct supervision of a physician, such as an advanced practice registered nurse or a physician assistant. Additionally, the bill makes clear that the patient's medical record serves as documentation for reimbursement so as to remove any artificial barriers to telemedicine reimbursement that would not otherwise exist for in-person care.

In summary, HB 2512 clearly establishes the criteria for the delivery of health care services via telemedicine. It delineates those authorized for coverage parity under the act and clearly stipulates the promulgation of rules and regulation around the practice of telemedicine as it advances and increases in utilization.

HB 2512 consistently applies licensure, scope of practice, and standard of care requirements for physicians utilizing telemedicine. It carefully balances the importance of encouraging access to care with the necessity of protecting the standard of care and ensuring patient protection.

While the bill does not speak to all facets, eventualities or opportunities relevant to telemedicine, it does provide a framework that is consistent with laws governing the practice of medicine and reimbursement for such services. The bill balances the advantages of increasing utilization of telemedicine with the importance of maintaining access to in-person care throughout the state.

The Kansas Medical Society supports enacting HB 2512 as a basis for the regulation of telemedicine in Kansas and respectfully requests your favorable consideration. Thank you.