Testimony to House Committee on Health and Human Services on House Bill 2512

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Mister Chairman and members of the Committee, my name is Colin Thomasset. I am the Associate 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 2512 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. Healthcare access, quality, and cost are all improved with the availability and delivery of telemedicine.

When permitted and needed, CMHCs across the State very effectively and with strong patient satisfaction provide psychiatry and therapy via televideo to those we serve that otherwise may suffer from unnecessary mental health challenges and hospitalizations. CMHCs across Kansas have been providing telemedicine services for as many as twenty years as part of ensuring that we have a mental health safety net and we have a vested interest in making sure that our patients receive the highest quality healthcare services, whether provided in person or via televideo.

By providing these telemedicine services to our patients, 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 restrictive and expensive level of care such as hospitalization.

We face a serious psychiatry shortage across Kansas, and we applaud this Committee's work last year on helping us to address this crisis by amending the Medical Student and Resident Loan Assistance Act to include psychiatry for medical student loan repayment. That was a critical step, but we also need to utilize our existing workforce in the most effective manner possible, which means utilizing telemedicine to bring psychiatry to the majority of counties in Kansas where there is no physical psychiatrist present.

We feel that HB 2512 is a major step forward in providing coverage parity for telemedicine services. CMHCs have routinely faced insurance hurdles in providing these services, and a bill addressing these issues is long overdue.

While very supportive of the concepts contained in HB 2512, we have a number of concerns that we would like the Committee to be aware of.

We would ask the Committee to discuss and consider amending the language found on page 2, Sec 3. (d) as it relates to providing clinical reports to primary care or other treating physicians within 72 hours. CMHCs have been leaders in whole-person integrated care, and nowhere was this more evidenced than with the Medicaid Health Homes program three years ago. Over 20,000 Kansans were served under this program where we

worked to ensure that persons with serious mental illness were provided linkages and supports with needed medical and social services. We applaud the intent of this language, but feel like as it is currently written, this idea may be unworkable. Primarily, this is not a requirement that currently exists when we see a patient face-to-face. Additional questions include:

- What type of information would we need to send?
- Would every mental health service we provide need to be sent, including therapy notes?
- Would that information need to be sent to all treating physicians, or could the patient pick and choose?
- If a patient consents, does that mean all information goes to every treating physician every time? Also, is it appropriate for those physicians to see all of those treatment notes?
- What will be the method of transferring these reports?
- Is 72 hours a clinical gold standard for this type of information exchange?

CMHCs would appreciate receiving reports when one of our patients utilize a telemedicine service outside of the CMHC, so it is not that we do not think this idea has merit, it certainly does. However, we need to figure out how to make it workable across the health care provider network. We understand that this section only applies to when the patient consents, but considering the sensitive nature of the services we provide, along with the still-present stigma that exists for patients to access mental health services, we would ask the committee to ensure that privacy is a top priority as it relates to this section in the bill.

We would like further clarification regarding the status of Advance Practice Registered Nurses (APRNs) and Physician Assistants (PAs). We utilize clinicians with these high-level credentials often while providing medication management services via televideo. There is language on page 2, line 40 in the bill relating to services provided “under the supervision of a physician” which may be meant to imply that services provided by APRNs and PAs is indeed covered in the bill. However, we would ask that it be more clearly spelled out that services provided by these professionals be allowed. Not having these professionals covered under this bill would disadvantage CMHCs, especially those in rural areas where you oftentimes will have APRNs and PAs performing medication management and other medical services with a collaborative practice agreement for APRNs and under the supervision of a psychiatrist as it relates to PAs. **We would propose that language be added to the bill that would explicitly reference both APRNs and PAs and ensure they are included as healthcare providers as defined in the bill.**

We feel that both of these concerns can be addressed within the bill. We would be glad to work with all the stakeholders on making sure that we have the best possible legislative language moving forward. We ask the Committee to continue work on this important legislation which would remove barriers to health care access for some of our most vulnerable citizens.

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