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Date: January 30, 2018

To: Health and Human Services Committee

From: KSHA/KASEA School Based Tele-Therapy State Task Force
Submitted by –
Stacie Clarkson, CCC-SLP,
Associate Executive Director, The Southeast Kansas, Education Service Center

Re: Public Testimony on HB 2512

Honorable Rep. Daniel Hawkins and Committee Members:

My name is Stacie Clarkson, and for the last two years I have been the co-chairperson of a working task force comprised of members of the Kansas Speech Language Hearing Association (KSHA) and the Kansas Association of Special Education Administrators (KASEA). I thank you for the opportunity to represent this task force for the third time today. This based task force takes a neutral stance on House Bill 2512.

The task force and the groups represented appreciate several parts of House Bill 2512. While this bill establishes definitions of telemedicine, promotes coverage parity, and continuity of care, it limits the providers to physicians and mental health providers licensed under the Behavioral Sciences Regulatory Board, thus eliminating this service delivery model as an option for children with disabilities receiving medically based services in homes and school settings mandated under the Individuals with Disabilities Act in Kansas.

Medically based therapy services, such as occupational therapy, physical therapy and speech language therapy are provided to infants and toddlers in home settings through individual family service plans and in school settings through individual education plans. Often the services provided to children in homes and schools are considered part of a continuity of medical care. For example, a child with a cleft palate may be receiving speech language therapy services to learn how to properly eat. The therapist providing this therapy communicates with the child's primary care physician on progress made so that the physician can better monitor the child's complete health status. Additionally, as a quick reminder these two provider types only bill for a limited number of services through Medicaid. The inclusion of these providers would make a significant impact for children in Kansas.

Professionals delivering services through a tele-health model are required to adhere to the same licensing, ethical, and practice standards as those delivering in person therapy. Schools and Early Intervention Networks face barriers in delivering these mandated services when qualified professionals are not available to provide traditional in-person therapy. A tele-health model can help eliminate barriers for children receiving these medically based services in home and school settings.

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We support the intent of this bill in establishing definitions, providing parity of service and coverage for tele medicine. This will be good for communities in which children are provided mandated medically based services in home and school settings.

However, the narrow scope of this bill does not provide a clear mechanism for schools or early intervention networks to deliver related medically based services through a tele health model. We respectfully request that schools (LEAs) and Early Intervention Networks be included as approved provider.