

January 31, 2018

To: Kansas Health and Human Services Committee

Representative Dan Hawkins, Chair

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From: Shalae Harris RN, BSN, MPA

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Re: HB 2512- Establishing the Kansas telemedicine act;

I write on behalf of the March of Dimes in support of HB 2512 to establish the Kansas telemedicine act. Establishing the Kansas telemedicine act will help build the infrastructure and capacity to make it easier for providers to connect with patients and to support the providers that deliver care in our rural areas. March of Dimes is providing written testimony today as we lead the fight for the health of all moms and babies and believe that every baby deserves the best possible start including those in our nation's remote and rural areas.

The highest birthrates in our state are in rural southwest Kansas with 16.9 births per 1,000 population. Compared to the birthrate in southcentral Kansas (i.e., Wichita metro) of 13.6 and the overall birthrate in Kansas of 13.4, the birthrate in southwest Kansas is extremely high. Having a high birthrate in a rural region is problematic. Compared to their urban counterparts, pregnant women in rural areas experience longer drive times to hospitals for prenatal care, late entry into prenatal care, and delays in choosing a doctor and receiving insurance coverage. Due to increasing costs, more obstetrical units within rural hospitals are closing their doors leading women to travel even longer distances to access prenatal care. Socio-economic status is low in this geographic location associating with an increased risk of adverse birth outcomes including low birth weight, prematurity, and infant mortality.

One regional example is in Kearny County. Kearny County Hospital delivers 360 babies annually from 12 surrounding counties. Those who give birth at Kearny County Hospital have an increased rate of gestational diabetes twice that of the nation at 11% vs. 6 % nationally. Gestational diabetes is associated with increased maternal and neonatal morbidity and mortality including an increased risk of developing type 2 diabetes for mother and baby. These pregnancies are high risk. In response to the high-risk obstetrical care needed in the area, Kearny County Hospital established a maternal-fetal medicine clinic and the Pioneer Baby program. They work tirelessly with outside funders and with innovative approaches to eliminate barriers and to reduce disparities in bringing early and continuous prenatal care. HB 2512 would support and enhance their efforts.

The March of Dimes believes that early and continuous prenatal care is essential to improving maternal and infant health. We are working to reduce disparities and to eliminate the barriers to prenatal care as studies have found that access to prenatal care is associated with reduced rates of low birthweight and infant death. Early and timely access to prenatal care in all regions of our state is critical to ensure the best birth outcomes for everyone. Eliminating barriers and reducing disparities takes innovative collaboration in the most rural and highest birthrates in our state. Telemedicine is one way to help achieve this.

Telemedicine empowers consumer choice, reduces disparities in access to care, enhances physician availability, improves quality of care, and aligning reimbursement approaches across payers encourages greater use of telemedicine across rural settings, fostering a collaborative healthcare environment. An extensive literature review reported that telemedicine reduced time-to-diagnosis and improved access to care for patients in remote areas and improved patient satisfaction.

Telemedicine is a beacon of hope for those in our rural areas and important to the future of healthcare and birth outcomes in our state. Therefore, the March of Dimes urges the committee to support HB 2512. On behalf of the pregnant women and babies we work to protect, thank you for helping us to ensure the best beginning for our tiniest Kansans!

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