

Written Testimony presented by Kansas Speech-Language-Hearing Association to the Senate Committee on Public Health and Welfare

March 19, 2018

Dear Chairwoman Schmidt and Members of the Committee,

The Kansas Speech-Language-Hearing Association, KSHA, is neutral on HB 2674, regarding the practice of telemedicine.

KSHA is a professional membership organization made up of about 1000 speech-language pathologists and audiologists. We appreciate this opportunity to offer testimony regarding HB 2674, aimed at reimbursing providers for telehealth services.

While HB 2674 is a step in the right direction for the future of the provision of health care, **we urge the Committee to add Speech-Language Pathologists and Audiologists to the definition of "Healthcare Provider."**

In school districts across the state of Kansas, we are facing a shortage of licensed speech-language pathologists. On the website SLPjobs.com, there are currently **76** open school SLP positions in Kansas. By including speech-language pathologists (SLPs) in this bill, school districts could utilize contract SLPs who could provide services remotely, which would increase accessibility to these federally-mandated services and improve the efficiency of service delivery.

On any given day, a rural school-based SLP may spend more than four hours traveling among the schools he/she serves, while providing only an hour or two of treatment. Telepractice would allow schools to meet the needs of their students much more efficiently with regards to travel time and cost. The technology for telepractice has been developed and optimized, there are SLPs who can provide services remotely, and the benefits of this method of service delivery are well-documented. **Kansas should join our four neighboring states in passing legislation that allows for reimbursement of SLPs and Audiologists for services delivered through telepractice.**

Rationale for Including Speech-Language Pathologists & Audiologists in HB 2674

Passage of such bill would support best practices in service delivery to children in the state of Kansas as follows:

- 1) **Quality Student Services.** There is no question that the service delivery methods of telepractice within school settings are equal to in-person services. This model has been employed for a variety of professions and diagnostic groups. Service delivery for students receiving special education services Kansas, i.e., those who receive services via IDEA or about 13% of all enrolled students, is jeopardized when shortages and reimbursement limitations create a barrier. Services are best supported when qualified professionals can use a variety of methods at their disposal. When school districts do not have the financial resources to provide services in the

absence of available in-person speech-language pathologists, those children may go without services.

- 2) **Positive Student Learning Outcomes for Telepractice Service Delivery.** Recently published outcomes from the use of Medicaid-reimbursed telepractice showed considerable support and favorable results (Short, Houston, Scott, & Forducey, 2016). From a sample of 578 children enrolled in PreK through grade 12 in Oklahoma, the progress demonstrated by those students receiving services via telepractice was *equal to or greater than* findings from the National Outcomes Measurement System's data for traditional service delivery methods. These services, when reimbursed via Medicaid, are a viable option when in-person services are not feasible.

Briefly, I would like to point out that passing this bill does **NOT**...

- a. Increase the cost of services for Medicaid reimbursement– in fact, cost will be comparable to in-person service delivery.
- b. Reduce the qualification of service providers. As stated in the bill, licensure and certification requirements will continue to be in place and will be the same as for in-person service delivery.

In summary, it is in the **best interest of children receiving special education services** to add **Speech-Language Pathologists and Audiologists to the "healthcare provider" definition in HB 2674**. Providing reimbursement for telepractice would allow SLPs and Audiologists to serve students in rural areas with shortages of qualified professionals, as well as clients who cannot leave their homes. Thank you for the opportunity to present testimony.

Sincerely,

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References cited:

Short, L., Rea, T., Houston, B., Scott, S., & Forducey, P. (2016). Positive outcomes for speech telepractice as evidence for reimbursement policy change. *Perspectives of the ASHA Special Interest Groups, Vol. 1 (SIG 18)*, 3-11.

As Amended by House Committee

Session of 2018

HOUSE BILL No. 2674

By Committee on Taxation

2-7

1 AN ACT concerning health and healthcare; relating to the practice of
2 telemedicine; certain state licensing agencies; establishing coverage
3 parity between in-person and telemedicine-delivered healthcare
4 services and providers; enacting the Kansas telemedicine act;
5 definitions; rules and regulations; amending K.S.A. 2017 Supp. 40-
6 2,103 and 40-19c09 and repealing the existing sections.

7
8 *Be it enacted by the Legislature of the State of Kansas:*

9 New Section 1. Sections 1 through 5 7, and amendments thereto,
10 shall be known and may be cited as the Kansas telemedicine act.

11 New Sec. 2. For purposes of Kansas telemedicine act:

12 (a) "BSRB" means the behavioral sciences regulatory board.

13 (b) "BOHA" means the state board of healing arts.

14 (c) "Distant site" means a site at which a healthcare provider is
15 located while providing healthcare services by means of telemedicine.

16 (d) "Healthcare provider" means a licensed mental healthcare
17 professional or a physician.

18 (e) "Licensed mental healthcare professional" means an individual
19 licensed by the BSRB and who is acting within the scope of the
20 individual's professional licensure act and held to the standards of
21 professional conduct as set forth by the BSRB.

22 (f) "Originating site" means a site at which a patient is located at the
23 time healthcare services are provided by means of telemedicine.

24 (g) "Physician" means a person licensed to practice medicine and
25 surgery by the BOHA and who is acting within the scope of the healing
26 arts act and held to the standards of professional conduct as set forth by the
27 BOHA.

28 (h) "Telemedicine," including "telehealth," means the delivery of
29 healthcare services or consultations while the patient is at an originating
30 site and the physician or licensed mental healthcare professional is at a
31 distant site. Telemedicine shall be provided by means of real-time two-way
32 interactive audio, visual, or audio-visual communications, including the
33 application of secure video conferencing or store-and-forward technology
34 to provide or support healthcare delivery, that facilitate the assessment,
35 diagnosis, consultation, treatment, education and care management of a
36 patient's healthcare. "Telemedicine" does not include communication

speech language pathologists,
audiologists,

1 between:

2 (1) Licensed healthcare providers that consist solely of a telephone
3 conversation, email or facsimile transmission; or

4 (2) a physician and a patient that consists solely of an email or
5 facsimile transmission.

6 New Sec. 3. (a) The same requirements for patient privacy and
7 confidentiality under the health insurance portability and accountability act
8 of 1996 and 42 C.F.R. § 2.13, as applicable, that apply to healthcare
9 services delivered via in-person visits shall also apply to healthcare
10 services delivered via telemedicine.

11 (b) Telemedicine may be used to establish a valid provider-patient
12 relationship.

13 (c) Any healthcare provider delivering healthcare services via
14 telemedicine in this state shall be held to the same standards of practice
15 and conduct as are required for the delivery of healthcare services via in-
16 person contact, as determined by the BOHA and the BSRB for their
17 respective licensees.

18 (d) A healthcare provider who provides telemedicine services to a
19 patient shall provide the patient with guidance on appropriate follow-up
20 care. Additionally, if the patient consents and the patient has a primary care
21 or other treating physician, the provider shall provide, within 72 hours, a
22 report to such primary care or other treating physician of the treatment and
23 services rendered to the patient in the telemedicine encounter.

24 New Sec. 4. (a) The provisions of this section shall apply to any
25 individual or group health insurance policy, medical service plan, contract,
26 hospital service corporation contract, hospital and medical service
27 corporation contract, fraternal benefit society or health maintenance
28 organization that provides coverage for accident and health services and
29 that is delivered, issued for delivery, amended or renewed on or after
30 January 1, 2019. The provisions of this section shall also apply to the
31 Kansas program of medical assistance.

32 (b) No individual or group health insurance policy, medical service
33 plan, contract, hospital service corporation contract, hospital and medical
34 service corporation contract, fraternal benefit society, health maintenance
35 organization or the Kansas program for medical assistance shall exclude an
36 otherwise covered healthcare service from coverage solely because such
37 service is provided through telemedicine, rather than in-person contact or
38 based upon the lack of a commercial office for the practice of medicine,
39 when such service is delivered by:

40 (1) A healthcare provider; or

41 (2) an advanced practice registered nurse or a physician assistant.

42 (c) The insured's medical record shall serve to satisfy all
43 documentation for the reimbursement of all telemedicine healthcare