



Kansas Hospital
ASSOCIATION

To: House Health and Human Services Committee

From: Audrey Dunkel
Vice President of Government Relations

Date: February 9, 2021

Re: House Bill 2206

Thank you for the opportunity to speak on behalf of our 122 community hospital members today regarding HB 2206. Kansas hospitals have long viewed telemedicine as a tool to maintain and increase healthcare access across the state. At no time has the value of telemedicine been more evident than during the COVID-19 pandemic. The Centers for Medicare Medicaid Services has reported that nearly half of all Medicare beneficiaries in the country accessed telehealth services between March and October of 2020 – 24.5 million Americans. Many Kansans avoided their doctor's office and emergency rooms to limit their exposure to COVID-19. Those whose needs could be addressed through telemedicine found welcome relief in the safety of a medium they could access from the comfort of their own homes. Telemedicine helped maintain access to providers quarantining due to exposure to the virus by allowing them to continue to provide care virtually without potentially endangering their patients. Let's not forget the impact the pandemic has had on everyone's mental health over the last eleven months. Telemedicine has allowed Kansans to access behavioral health support in a safe and timely manner while juggling the stresses of work and school disruptions that have impacted so many.

We appreciate the other provider groups' willingness to work together to reach a consensus on this group of changes to the Telemedicine Act. There are, however, a few priorities for hospitals that we would like to see included in the Act moving forward.

The first is payment parity. Three years ago, the Telemedicine Act was passed with coverage parity for services. At least among hospitals, the consensus was that we would work with a system of coverage parity to determine if it was enough to address the shortfalls we were experiencing in the private market. You will see in the written testimony and hear from our hospitals that it isn't enough. It isn't enough because utilization of telemedicine has significantly increased and is likely to remain at higher levels than ever before because patients like the convenience, safety, and effectiveness of telemedicine. Without payment parity, this shift will make it impossible for hospitals to continue to subsidize telemedicine when it is in high demand by Kansans.

The second amendment we would request would be language guaranteeing that a provider could use their existing platform to provide telemedicine services without incurring additional fees or equipment costs to be part of a platform required by insurers. Hospitals across the state have invested in different technology levels for telemedicine-based on the services they provide or facilitate.

The final amendment we would request is a slight adjustment of the language in the bill. The language on page one, in line eighteen, amends the originating site to allow the patient to select non-public locations. We are concerned that the language would create a duty for the provider to verify that the place was not public and might exclude accessing care from locations like schools. Instead, we would suggest a substitution of "location of the patient's choosing" instead of "non-public location."

Thank you for the opportunity to appear before you today and for your continued support of health care providers during this pandemic.