



**COMMUNITY CARE
NETWORK OF KANSAS**

Health. Equity. Justice.

To: House Health and Human Services Committee
From: Denise Cyzman, CEO, Community Care Network of Kansas
RE: Support of House Bill 2206
February 9, 2021

Chair Landwehr and Committee Members,

Good morning, and thank you for the opportunity to express our support of House Bill 2206. I am Denise Cyzman, CEO, Community Care Network of Kansas.

Community Care represents a network of community-based clinics that specialize in serving our most vulnerable Kansans. Last year, these clinics had 950,000 visits from almost 300,000 patients. That is one in nine Kansans.

These numbers are remarkable, given that this reflects primary, behavioral health, dental, pharmacy and other care provided during 2020, the year that COVID-19 changed almost everything about our lives – including the entire healthcare industry. Virtually overnight, the coronavirus became the single biggest barrier to accessing care for patients across the country. Cautious Kansans following stay-at-home instructions and social-distancing norms began foregoing wellness visits, checkups, follow-up visits to treat existing chronic conditions, and almost every other reason to see a provider.

In mid-April, visits to Community Care clinics were down almost 70 percent. Clearly, intervention of some sort was necessary to the state's most vulnerable to resume taking care of their preventive, medical, mental, substance use disorder and oral health.

Thanks to efforts by the White House and the Centers for Medicaid & Medicare Services, states were allowed broad leeway to explore alternative care arrangements. The Kansas State Board of Healing Arts, the Governor's office and lawmakers from border to border supported giving flexibility to providers that were necessary to implement telehealth. Even though telehealth services have been available for years, the public health emergency accelerated this model of service delivery.

The approach worked, particularly in the behavioral health arena. With 100% of Community Care clinics onboard, they took full advantage of the ability to work with patients online, via telephone and through

video services. These visits, by design and regulation, were consistent with the standards of practice and care established for traditional, face-to-face visits. Providers were able to re-establish services including assessment, diagnosis, intervention, consultation and supervision with patients who did not have to leave the safety of their own home. As a percentage of all visits, telehealth sessions were as high as 80% at certain health centers in April and May. Overall, virtual visits increased 297% in 2020. Clinics providing behavioral health services experienced an astonishing 981% increase in telehealth visits.

Telehealth certainly is part of the new “normal” because they work. They were adopted by patients almost as quickly as our clinics were able to establish new operational workflows. With telehealth, providers can gain insight into a patient’s condition and environment, assess medication needs and their ability to navigate the home environment, and see if there are visible symptoms that indicate necessary adjustments to medication or diet. The ability to connect patient data securely with a distant provider has opened the doors of myriad service possibilities, including the state providing remote patient monitors directly connected to electronic health records.

Even when the COVID-19 public health emergency is over, telehealth will remain a valuable tool for providers and will increase access to care for many patients. Telehealth works just as well for individuals quarantined or self-isolated because of the pandemic as it does for patients who live in remote areas, have transportation issues, don’t have flexibility to take the day off from work, or simply prefer the virtual format.

We support this bill, as written. The provisions in this bill make sense to continue, including:

- Consent to treatment, services and other authorizations can be made orally without the patient being physically present,
- Audio-only communication that otherwise protects patient privacy is allowable,
- The originating site can be a non-licensed physical location,
- The distant site can be a non-licensed physical location, and
- Payment for telemedicine services shall be in the same amount as delivered via in-person.

There is widespread support by providers and healthcare organizations to ensure telemedicine is here to stay. Community Care joins with the Association of Community Mental Health Centers, American Academy of Pediatrics, Behavioral Health Association of Kansas, Kansas Academy of Family Physicians, Kansas Association of Osteopathic Medicine, the Kansas Hospital Association and the Kansas Medical Society, to support House Bill 2206.

We urge this committee to move the legislation to the House floor for their adoption and approval.

I thank you for your consideration and will stand for questions at the appropriate time.