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HB 2674
House Health and Human Services Committee

Good Afternoon Chairman Hawkins, Vice-Chair Concannon and to all the members of the House Health and Human Services Committee.

My name is Dr. Bob Moser and I am here to speak in favor of HB 2674, a bill to establish the Kansas telemedicine act. As a Family Physician, Kansas Public Health Association Board of Director, and now as the Executive Director of the Care Collaborative, I believe care delivery models through telemedicine and telehealth can help improve access to healthcare services. Telemedicine can expand local capability and capacity as there are many uses cases out there already demonstrating this.

Our Care Collaborative began as the Kansas Heart and Stroke Collaborative, which I shared with many of you previously at the Special Committee on Health back in October. We are using telemedicine to provide support in critical access hospitals emergency rooms through a subscription service with Avera and it has reduced transfers and improved care at the local level. We are also using home telemonitoring and connecting patients with chronic conditions to health coaches through A/V communications.

I appreciate the work of the various groups who have been working on this issue and this bill is the result of their work over the last year. I believe this is a good start to defining and developing telemedicine as another care delivery model in Kansas.

While I support this bill, and see it as a beginning, I do have a couple of concerns I would like to share with this committee. As a rural health advocate, I am concerned about the impact certain uses of telemedicine may have on rural health quality and sustainability. If telemedicine circumvents or does not promote the usual patient-provider relationships and continuity of care, then overall costs could increase due to fragmented, uncoordinated and highly variable care practices. I feel this bill addresses some of this by requiring the exchange of care information back to the usual provider of care with the patient's consent, and expecting the same standard of care as a face-to-face visit.

The second concern I have would be services offered within rural communities where the practice might lead rural health systems to lose revenue. Rural health systems often operate on

thin or negative margins and yet are required to provide for emergent and urgent care twenty-four hours a day. I'd like to see opportunities for innovation in telemedicine care delivery by rural health systems but innovation is challenging with no assurance of reimbursement or telemedicine application within the local work of flow.

Telemedicine is currently being used across Kansas to support rural providers and rural health systems in several ways. Telemedicine specialty clinics are one example but telemedicine is also used to obtain brief consults with specialists about care management. This not only allows patient access to specialty guided care in their communities, it improves the skills of the local provider in managing other similar patients. We should find ways to encourage innovation and appropriate use of these new models of care delivery and I don't believe that will happen without the ability to develop reimbursement models for those services.

I thank you for your time today and letting me speak to you. I will stand for any questions you may have when appropriate.

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