

March 19, 2018

The Honorable Vicki Schmidt, Chair
Senate Public Health and Welfare Committee
Committee Assistant — Donola Fairbanks - 785-296-7361

Reference: HB 2674 — Establishing the Kansas Telemedicine Act
From: Judy Davis-Cole, AARP Kansas Executive Council

Good morning Madam Chair and the Committee Members. My name is Judy Davis-Cole and I serve as a member of the AARP Kansas Volunteer Executive Council. I am a retired nurse with 42 years of professional nursing experience. During 14 of those years, I worked in home care.

AARP is a nonprofit, nonpartisan organization with more than 315,000 members living in the state of Kansas. AARP is dedicated to enhancing the quality of life for all as we age.

We are writing to express support for HB 2674, which would establish the Kansas Telemedicine Act and would establish coverage parity between in-person and telemedicine-delivered healthcare services and providers.

AARP Kansas believes enactment of HB 2674 will prove critical to enhancing and improving health care access in rural Kansas and across the state, supporting nearly 345,000 family caregivers in Kansas who provide an estimated \$3.8 billion in un-paid care annually.

The use of telehealth technologies (especially those that include family members in virtual visits with providers) has the potential to result in better access to care, reduce transportation barriers and improved outcomes for the care recipient. The use of telehealth can result in improved outcomes for family caregivers themselves, including less time spent transporting a loved one to appointments, less anxiety, less depression, and less stress. It can improve knowledge and skills, leading to higher levels of satisfaction/confidence in their caregiving roles.

Please note: under HB 2674, the definition for telemedicine does not include audio-only telephone conversation, electronic mail or facsimile transmission.

More and more of our members, especially those aged 50-59 are using their mobile

devices and tablets to access health care information.

AARP believes that the definition of telemedicine should be broad enough to allow for flexibility to encompass the full range of current and emerging technologies that will allow individuals and their family caregivers to benefit from telemedicine. For this reason, we believe that legislation should not exclude specific communications channels which could be a barrier to provision of appropriate services provided by effective means.

Also, the term "telemedicine act" may be construed as limiting services. The term "telehealth" may be more reflective of all providers and health care services that can be provided via these technologies.

Patients and their family caregivers should have confidence in the health care services they receive, whether delivered in-person or via telehealth. No matter what delivery model, they should expect competent, confidential care and trust their providers will provide the necessary information for the patient to make informed decisions. The health care providers' ethical responsibility to the patient and family caregiver is the same, no matter the modality of care. Therefore, AARP supports payment parity for telehealth and in-person care services.

The bill defines health care provider as a physician. Nurses, therapists and dieticians are also 'healthcare providers'. Physical therapists and occupational therapists as well as dieticians could all use telehealth visits.

Overall, HB 2674 is a good bill and moves the state in the right direction. It addresses key issues, including reimbursement, licensure, and definitions, within a variety of coverage types – Medicaid, state employee plans and private insurance.

We appreciate your attention to our comments and look forward to working together to move Kansas forward on this important issue.

Thank you,
Judy Davis-Cole