

**Testimony in Support of HB 2206
House Health and Human Services Committee
February 16, 2017**

Chairman Hawkins and Members of the Health and Human Services Committee, my name is Denise Cyzman. I am the Executive Director of the Kansas Association for the Medically Underserved (KAMU). Thank you for the opportunity to present testimony in support of HB 2206 to establish parity between in-person and telemedicine-delivered health care services and providers.

As the federally-designated Primary Care Association of Kansas, KAMU serves 44 primary care safety net clinics. In 2016, KAMU member clinics served more than 261,000 patients through 786,000 visits.¹ KAMU and its members believe Kansas should be a state where all individuals have access to comprehensive, affordable, and quality health care.

Telehealth services allows patient to be seen in their community by providers that would otherwise either not be available to them, or only by traveling for services. Limited access to specialty providers can be an issue in all settings, however it is particularly magnified in rural and frontier communities. Telehealth creates access to specialty or other providers supporting patients where they live and establishes a reasonable mechanism of opening access to needed care. If a patient has to make a choice between taking time off of work or seeking care, the choice may be to delay care. When service access is delayed, people get sicker causing the cost of care to increase when they finally seek treatment.

Telehealth services requires parity and we appreciate the efforts to create this through HB 2206. We are eager to help further the use of telemedicine for the delivery of health care services and urge you to support HB 2206.

¹ KAMU Quality Reporting System, State Grantee Preliminary Data, 2016. Accessed on 1.29.17