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**Written Only, Neutral Testimony on HB 2674
Senate Public Health & Welfare Committee
Monday, March 19, 2018**

Submitted by Daphne Bascom, MD PhD, Medical Director, YMCA of Greater Kansas City on behalf of the Kansas State Alliance of YMCAs

Chairwoman Schmidt and Members of the Committee:

My name is Dr. Daphne Bascom. I am a Senior Vice President and the Medical Director of the YMCA of Greater Kansas City, and I have written this testimony as a part of the team representing the Kansas State Alliance of YMCAs.

Thank you for allowing me to provide neutral testimony in regard to language included in House Bill 2674 related to the practice of telemedicine in the state of Kansas. The purpose of my testimony today is to ask that you consider including in this bill verbiage to ensure that the scope of telemedicine/telehealth services includes preventive health care and that preventive care services can be provided by trained professionals such as those employed by the YMCA.

The YMCA is the nation's leading non-profit community-based network committed to improving America's health. We aim to accomplish this goal by focusing on three core strategies: Youth Development, Healthy Living and Social Responsibility. At the Y, we are helping lead the transformation of healthcare from a system largely focused on treatment of illness to a collaborative community approach that emphasizes well-being, prevention and health maintenance. We are particularly focused on three critical social issues affecting our communities: high rates of chronic disease and obesity, needs associated with an aging population, and health inequities among people of different backgrounds.

The Y has a portfolio of evidence-based health interventions that have been demonstrated to have a positive impact by lessening the burden on the state budget from skyrocketing costs associated with diabetes, heart disease, cancer and arthritis. The Y works collaboratively with health systems, physician practices, independent providers, employers and payors to encourage coverage for evidence-based programs like the diabetes prevention program. Our goal is to increase access and affordability of primary, secondary and tertiary prevention programs and services for all Kansans.

The Y does not focus on the treatment of disease but rather has invested in helping expand the scope of preventive care services to reduce the risk of disease and/or reduce the burden of illness for those who have already been diagnosed with a chronic health condition.

KS has significant healthcare challenges related to chronic disease. Chronic diseases, such as heart disease and Type 2 Diabetes, are costly and often preventable, yet they affect nearly half of all adults. Telehealth can be a useful tool in reducing morbidity, mortality and managing the negative health effects associated with these chronic conditions. I submit to you that we also need to ensure that focus is placed on how telehealth can assist with the prevention of chronic disease as disease prevention is the best opportunity to reduce the rising cost of health care in the state.

While the Kansas Alliance of YMCAs remains neutral on the language in HB 2674, we strongly endorse telehealth as a key strategy required to provide much needed disease management, care management, behavioral health consultation, nutritional counseling, speech and swallowing therapy and a host of other care services to residents across the state of Kansas. As of today, 48



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states and the District of Columbia provide some type of coverage for telemedicine services (Appendix A). The Medicare program covers some telemedicine services and continues to expand coverage.

The Y strongly believes that telehealth is a proven strategy to improve access to care, reduce the cost of care and improve the patient's experience interacting with the health care system. We ask that the Committee consider including in this bill verbiage to ensure that the scope of provided services includes preventive health care and that these preventive care services can be provided by trained professionals such as those employed by the YMCA.

Extending preventive care programs to underserved communities: There are currently 10 Y associations across the state of Kansas. For the Ys to deliver preventive care services to Kansans in areas of the state where there is not a Y center, we will need to leverage a telehealth infrastructure. The YMCA of Greater Kansas City has already embarked on a pilot program by which we are using a CDC approved Diabetes Prevention Program curriculum on a mobile technology platform to deliver the yearlong diabetes prevention program to members of our community. Similar programs could be leveraged in the state of KS by trained Y health coaches to address diabetes prevention, hypertension, obesity and a myriad of other conditions where lifestyle change and behavioral modification is core to achieving an optimal health status.

Definition of a Telemedicine/Telehealth Service Provider: We recommend that the Committee consider expanding (in this bill or a future bill) the types of providers that can practice and be reimbursed for telehealth services to ensure that trained professionals working at community based organizations such as the YMCA can deliver and not be precluded from reimbursement for primary, secondary and/or tertiary prevention services. There is precedent in other states (Appendix B) to support this request.

The telehealth reimbursement policy language included in HB 2674 is also very important. As you are aware, the Diabetes Prevention program, delivered in-person, will become the first preventive health program to be reimbursed by Medicare beginning in April 2018. We want to ensure that as coverage for preventive health services expands and includes telehealth that we are positioned to ensure that organizations delivering prevention using a telehealth modality are not excluded from receiving compensation on par with in person preventive care services, for the high quality of services delivered.

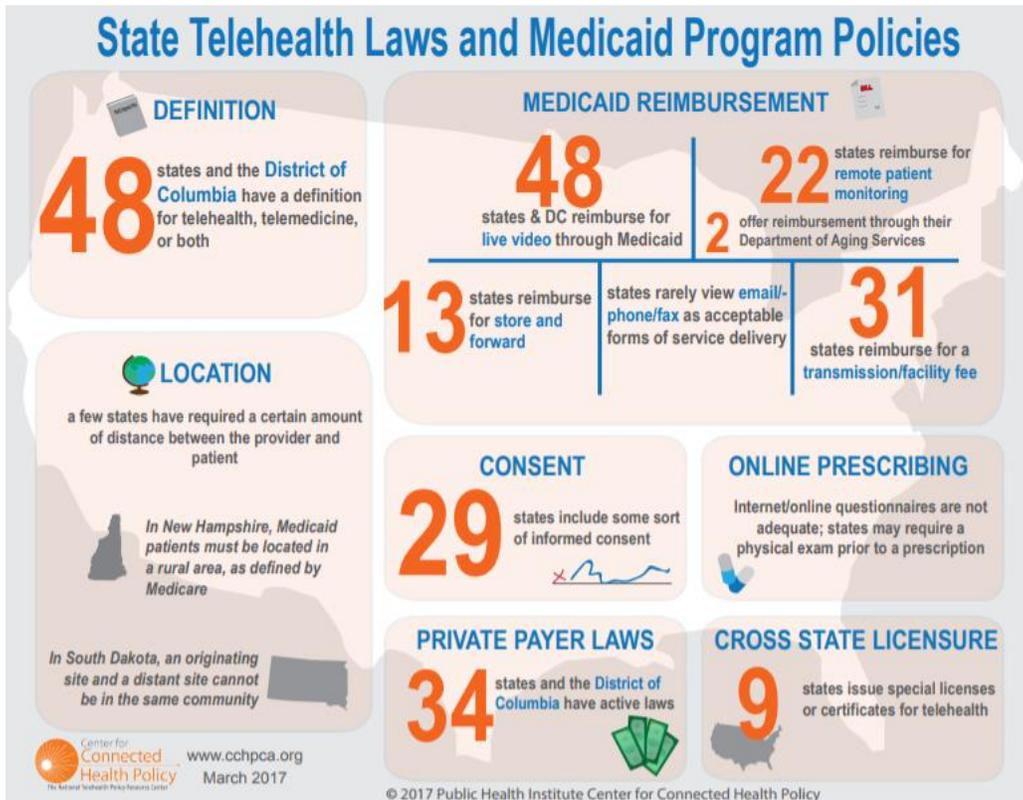
The Kansas State Alliance of YMCAs applauds your efforts to ensure that telehealth in Kansas can be fully utilized and barriers to access of telehealth services for prevention and care are removed.

References

- [Telehealth delivery of the diabetes prevention program to rural communities](#). (last accessed October 11, 2017)
- [Florida Diabetes Prevention Program](#) (last accessed October 11, 2017)
- [AMA Telemedicine & Mobile Apps](#) (last accessed October 11, 2017)
- [Federal Telehealth Compendium](#) (last accessed October 11, 2017)
- [Center for Connected Health Policy](#) (last accessed October 11, 2017)
- [Telehealth Resource Centers](#) (last accessed October 11, 2017)
- [Heartland Telehealth Resource Center](#) (last accessed October 11, 2017)
- [American Telemedicine Association](#) (last accessed October 11, 2017)

Appendix A: State Telehealth Laws as of March 2017

- 48 states and Washington, DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- 13 states provide reimbursement for store-and-forward.
- 22 state Medicaid programs provide reimbursement for remote patient monitoring (RPM). Most states with RPM policies restrict reimbursement to home health agencies, and limit it to patients with specific clinical conditions.
- 31 state Medicaid programs offer a transmission or facility fee when telehealth is used.
- The number of states with private payer laws has remained constant since August 2016, with 35 jurisdictions having laws addressing private payer reimbursement for telehealth.





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Appendix B: Expansion of the Types of Providers that can Practice and be Reimbursed for Telehealth Services

State	Providers with expanded authorization to practice and/or be reimbursed for telehealth services
Alaska	Licensed audiologists, speech-language pathologists, professional counselors, marriage and family therapists, psychologists, psychological associates, social workers, physical therapists, occupational therapists, registered speech-language pathologist assistants
Connecticut	Speech and language pathologists, respiratory care providers
Hawaii	Licensed clinical social workers
Louisiana	Dietitians and nutritionists
Maryland	Primary care providers
Minnesota	Physician assistants, chiropractors, speech language pathologists, optometrists, dietitians, nutritionists, occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, athletic trainers, doulas, marriage and family counselors, licensed professional counselors, social workers, alcohol and drug counselors, dentists
Missouri	Dentists, oral surgeons, pharmacists, speech therapists, occupational therapists, physical therapists, clinical social workers, podiatrists, optometrists, licensed professional counselors
Texas	Licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers, psychologists, licensed psychological associates, provisionally licensed psychologists, and licensed dietitians
Tennessee	Dentists, dental hygienists, and dental assistants
Washington	Dentists, mental health professionals
Wyoming	Occupational therapists

Figure 1. <https://www.advisory.com/research/market-innovation-center/the-growth-channel/2017/01/state-telehealth-2017> (last accessed October 12, 2017)