



**Testimony to Senate Public Health & Welfare Committee**  
**March 19, 2018**  
**Support for HB2674, telemedicine**

Madam Chairwoman & members of the Committee, thank you for the opportunity to provide testimony in support of HB2674. My name is Rachel Marsh and I am the Executive Director of Public Policy for Saint Francis Community Services. Saint Francis Community Services is a **mission-driven nonprofit** centered in the Episcopal tradition. Saint Francis Community Services provides youth residential services, substance abuse treatment programs, behavioral health, and child welfare case management across 76 counties in Kansas. We appreciate the efforts of legislators and advocates to expand telemedicine coverage and parity in Kansas.

Saint Francis Community Services utilizes telemedicine at its Psychiatric Residential Treatment Facility (PRTF) and in its Behavioral Outpatient Services. **At the PRTF, telemedicine is used to provide psychiatric care and family therapy sessions.** Using telemedicine is an enhanced service for inpatient family therapy that increases frequency of contact between child and caregivers as well as when travel barriers exist. Our **Behavioral Health Outpatient Services use telemedicine for completing Substance Use Disorder (SUD) assessments.** SUD assessments are used via telemedicine to increase access to services when onsite staff are not available.

While we do support this bill, we would draw attention to the provision in New Section 3 (d) requiring telemedicine healthcare providers to *provide, within 72 hours, a report to such primary care or other treating physician of the treatment and services rendered.*

- This section imposes an administrative burden on health care providers that **does not currently exist for face-to-face services.** We are interested in understanding a purpose for this provision that would warrant its application in one setting as opposed to the other.
- As mental health care providers, our ethics require us to maintain confidentiality and privacy. We are concerned with a possibly unintended, almost imperceptible shift away from confidentiality and privacy that the language of this section may cause. **A public policy shift toward requesting patient consent to share private therapy reports with any treating physician regardless of the nexus of service or treatment** is something that should be carefully considered.

- The timeframe of 72 hours, with no consideration of weekends or holidays, may create unnecessary challenges to healthcare providers. If Committee members support the specific type of care coordination required by this provision, **we would recommend a time frame that allows more flexibility to providers to manage workloads and administrative responsibilities within therapeutic priorities.**

Thank you for your work on this important bill. This legislation would allow Saint Francis to continue to grow its telemedicine services resulting in increased service options for Kansas families.

Thank you for the opportunity to appear before the Committee today.

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