

**Date:** February 9, 2021

**Subject:** House Health and Human Services Committee

**From:** Chris Wilson, Vice President of System Integration and Innovation

**Re:** House Bill 2206

Good afternoon Chairwoman Landwehr, Vice Chairman Eplee and Ranking Member Parker. My name is Chris Wilson and I am the Vice President of System Integration and Innovation at The University of Kansas Health System (TUKHS). Thank you for the opportunity to speak on HB 2206.

In the past, TUKHS provided telemedicine services on a limited capacity to patients across Kansas. During the COVID-19 pandemic, it became clear patients needed not only access to care, but a continuum of care which allowed them to receive services in their home in order to remain safe and healthy. To that end, TUKHS accelerated plans for the roll out of comprehensive telemedicine to patients across our state. Prior to March 2020, TUKHS provided less than 100 telemedicine visits per month. At our peak, over 35,000 telemedicine visits were executed in one month and we continue to see no less than 16,500 telemedicine visits per month. According to one recent national survey: Pre-COVID-19, <1% of visits were delivered virtually. In April 2020, across all participants, total visit volumes dropped 31% from February levels, and 47% of visits were virtual. Total visit volumes stabilized over the summer, and in August 19% of visits were still occurring virtually. The same national survey identified “Inadequate Reimbursement” as the top barrier pre-covid (84% identified), and Reimbursement as a top barrier going forward (64% identified).

Telemedicine has allowed our physicians to continue to provide patients services both in the hospital and medical offices when on quarantine due to COVID-19 exposure. At a time when staffing was critically important, we were able to carry on with our mission and provide services in our emergency department, ICU, and provider offices. We see this capability as something we would like to continue to utilize for patients or physicians who are incapable of traveling due to inclement weather, allowing them to keep their appointments without rescheduling and further delaying a visit.

We understand other provider groups have come together to discuss the issue of telemedicine and agree with the statement of the Kansas Hospital Association. In order for telemedicine to remain a viable service line, we support the inclusion of payment parity as part of the Telemedicine Act. Telemedicine is not going away. Our patients expect this service to continue long past the end of COVID-19.

We have witnessed our patient satisfaction with telemedicine services continue to rise. It is currently at 76%, up 16% over the last three months. Under the current emergency declaration telemedicine visits are reimbursed at the same rate as an in-person visit. However, we know this is unlikely to continue without the support of payment parity. Numerous times during the pandemic, with the expiration of the emergency declaration on the horizon, we were notified by private insurers they would discontinue reimbursement at the in-person rate. KHA is correct. Without payment parity, this shift will make it impossible for hospitals to continue to subsidize telemedicine when it is in high demand by Kansans.

In addition, we support the effort to guarantee a provider the ability to continue using the existing platform within their hospital or physician organizations for the delivery of telemedicine services without incurring additional fees or equipment costs as part of the platform required by insurers. There are well established federal standards that address technology requirements, especially regarding privacy and security of IT systems used in telehealth.

Thank you for the opportunity to appear before you today. I am available to answer questions at the appropriate time.