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kansasoptometric.org



February 8, 2021

TO: Commerce, Labor and Economic Development Committee

FROM: Todd Fleischer, CAE

**Executive Director** 

RE: Testimony Regarding House Bill 2206

My name is Todd Fleischer. I am the Executive Director of the Kansas Optometric Association, which represents optometrists across Kansas. Thank you for the opportunity to submit testimony regarding House Bill 2206.

Doctors of optometry are independent primary health care providers who examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions. They examine the internal and external structure of the eyes to diagnose eye diseases like glaucoma, cataracts and retinal disorders; systemic diseases like hypertension and diabetes; and vision conditions like nearsightedness, farsightedness, astigmatism and presbyopia. Optometrists also perform testing to determine the patient's ability to focus and coordinate the eyes, and to judge depth and see colors accurately. They prescribe eyeglasses and contact lenses, low vision aids, vision therapy and medicines to treat eye diseases as well as perform minor emergency procedures.

As primary eye care providers in all corners of the state, optometrists are an integral part of the health care team and an entry point into the health care system. They are skilled in the co-management of surgical eye care, such as cataract, glaucoma or retinal procedures, which affects the eye health and vision of their patients and an excellent source of referrals to other health care professionals.

Doctors of optometry are licensed by the Kansas State Board of Examiners in Optometry (KSBEO). Because the scope of practice of optometry is determined legislatively in each state, the practice acts vary across the country. When an applicant seeks licensure in Kansas, the KSBEO determines if their license is on par with the practice act in Kansas to make sure that the optometrist is able to provide safe care that is equivalent to the care expected of all Kansas optometrists as outlined in the practice act. If their current license level is equal and they have met education requirements, there is a path to licensure in a very timely manner through reciprocity. If it is not, they offer options for that individual to meet the requirements of licensure.

We are supportive of efforts by the proponents of HB 2206 related to telemedicine. Telemedicine is a part of our health care delivery system and we support efforts to make sure that all telemedicine providers are held to the same standard of care as those delivering in-person care. As such, we encourage the inclusion of language prohibiting the establishment of a patient/provider relationship solely for the purpose of distributing a product and that the medical devices used to transmit data be FDA approved.



If this bill proceeds, we would like the committee to consider broadening the language in the bill to include other health care providers with regulations developed by the appropriate health care provider licensing board, rather than just referring to the regulations developed by the Kansas Board of Healing Arts, as many health care providers do not fall under the oversight of that board.

We have heard that there may be additional language added to the bill that gives the health care licensing boards the option to grant a telemedicine waiver for out-of-state providers. If out-of-state providers are allowed to provide telehealth, they should be held to the same standards and requirements that in-state providers have to follow, including the maintenance of health care records, practice act, corporate practice prohibitions, liability insurance requirements, etc. The regulatory body licensing that health care provider type in Kansas should also have the same oversight authority for anyone from another state who receives a waiver through this legislation. One draft of the language from another bill includes language allowing other health care providers to provide telemedicine services if they get a waiver, but then puts them under the Board of Healing Arts, which is confusing and creates different requirements for in-state and out-of-state licensees.

Thank you for your consideration of our comments in reference to House Bill 2206. We would be happy to work with the authors of the bill and any other interested parties to discuss clarifying language.

