



To: Chairman Hawkins, and Members, Health and Human Services Committee  
From: Rachel Monger, Vice President of Government Affairs  
Date: February 1, 2018

### **Neutral Testimony on HB 2512**

Thank you, Chairman and Members of the Committee. I am Rachel Monger, Vice President of Government Affairs for LeadingAge Kansas, the state association for faith-based and not-for-profit aging services. We appreciate the opportunity to come before you today to voice our concern over HB 2512, and its potential impact on elders in long term care settings.

**Our concern is that the bill does not reference, or contain any provisions for the use of physician extenders, such as physician assistants and advanced registered nurse practitioners, in telemedicine consultation or treatment.**

Nursing homes continue to face a serious shortage in physicians willing to continue treatment of a patient who goes into a nursing home. There is an even worse shortage of physicians willing to serve as medical directors of the home (a federal regulatory requirement for a home to operate). This means that doctors who are willing to be medical directors, or to be the primary care physician for a resident are in great demand and carry heavy patient caseloads. In order for the doctor to provide the care and consultation that nursing home residents need, they (and by extension the nursing home and residents) rely heavily on nurse practitioners, physician assistants and other types of physician extenders.

Nursing home residents are a prime example of the benefits that can come from expanding access to telemedicine. The elders have persistent health care needs, they are residing in a setting that is often ignored by the larger medical profession, and it is difficult for them to travel for treatment. And in rural areas, it is often difficult for their physicians and nurse practitioners to come to them.

The goal of HB 2512 seems to be supporting the idea that telemedicine should not be treated differently from in-person consultation or treatment. If that is the case, we do not understand why physician extenders should not also continue to provide care within their scope of practice via telemedicine technology.

We thank the committee for their time and attention to this issue, and are always available for further discussion