



**KANSAS ACADEMY OF
FAMILY PHYSICIANS**
CARING FOR KANSANS

**Testimony: House Bill 2674, Telemedicine
House Health and Human Services Committee
(Written Comments Only)**

**by Chad Johanning MD, Gov. Adv. Committee Chair & Elected Secretary
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Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to submit these comments regarding telemedicine on behalf of the Kansas Academy of Family Physicians (KAFP). My name is Chad Johanning and I practice family medicine in Lawrence, Kansas. Our organization represents over 1,730 active, resident, student and life members across the state. The mission of the KAFP is to support and serve family physicians of Kansas as they advance the health of Kansans.

Our national organization, the American Academy of Family Physicians, states: *“AAFP supports expanded use of telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. Payment models should support patient freedom to choose how they wish to receive services. Additionally, payment models should support the physician’s ability to direct the patient toward the appropriate service modality in accordance with the current standard of care.”*

Principles by which we believe telemedicine should be practiced

We believe these core principles should underpin the implementation of telemedicine in Kansas. Like all other patient care, care delivered via telemedicine should:

1. Place patient welfare first
2. Maintain acceptable & appropriate standards of practice
3. Adhere to recognized ethical codes governing the medical profession
4. Properly supervise non-physician clinicians
5. Protect patient confidentiality

Based upon these principles, we believe that those who provide medical care electronically should:

- Establish an appropriate physician-patient relationship including informed consent, identification, verification & authentication of location for both parties, and disclosure of applicable credentials.
- Have an emergency plan for referral to an acute care facility or ER.
- Provide continuity of care in which a patient can seek follow-up care or information.



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- Establish a medical record that includes copies of all patient-related electronic communications, prescriptions, laboratory and test results, evaluations and consultations, records of past care, informed consent and instructions. Such record must be accessible and documented for both the physician and the patient, consistent with all established laws and regulations governing patient healthcare records.
- Meet or exceed applicable legal requirements of medical/health information privacy.
- Protect transmissions, including patient e-mail, prescriptions, and laboratory results securely.
- Implement measures for prescribing to uphold patient safety in the absence of traditional physical examination, guaranteeing that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation & resulting prescription is enforced and independently kept. Integration with e-Prescription services that help assure informed, accurate and prevention of errors are preferable.
- Use the same ethical and professional standards for care provided electronically as s/he does for in-person care. We believe that everyone should have a medical home they can access in person if a telemedicine visit is not adequate to provide the standard of care.
- Ideally, establishing a patient-physician relationship means meeting in-person before a telemedicine appointment. While this is not always possible we believe it provides the best quality of care.

Licensure

With technology's ability to span state borders, provider licensure portability is a key issue that states are examining to expand access and improve efficiency in the existing workforce. Policymakers are addressing practice across state lines through various mechanisms, including reciprocity with other states and interstate compacts. Kansas is one of 17 states that has an Interstate Medical Licensure Compact, which enables full licensure authority.

Summary

Legislation to regulate the challenges that accompany the use of telemedicine in Kansas is very much appreciated. Protecting the patient through maintaining the standard of care, privacy considerations, and continuity of care cannot be emphasized enough. Telemedicine legislation must also protect the privileged relationship between patient and primary care physician. While telemedicine is a great technological tool, it is a tool that cannot replace the relationship between patient and primary physician. This relationship facilitates not only establishing a diagnosis (which is within the realm of telemedicine), but also treating the illness (how a patient copes with a diagnosis in the context of their environment). This relationship must not be compromised. Telemedicine legislation should be inclusive and protective of the relationship between patient and primary care physician.

Thank you for your ongoing efforts to develop legislation that promotes the controlled evolution of telemedicine in the state of Kansas and for the opportunity to provide comments.