Children's Mercy
KANSAS CITY

2401 Gillham Road
Kansas City, Missouri 64108
(816) 234-3000

To: House Health and Human Services Committee

Date: February 8, 2021

Re: House Bill 2206

Prior to COVID, telemedicine was on the rise due to ongoing improvements in audio-visual technology, a volume of studies demonstrating consumer satisfaction with and often preference for telemedicine and the inarguable fact that telemedicine improves access to specialists for whom those with chronic and life-threatening conditions depend. As COVID started spreading in the U.S., the remaining barriers to complete integration of telemedicine into the systems of care were wide-spread consumer literacy and a handful of lingering federal and state restrictions.

Those remaining barriers disappeared with the State of Emergency declarations and nationwide lockdowns. Children's Mercy has had a mature and complex telemedicine program for years now, yet in calendar year 2019 only 1.5% of our ambulatory visits were with virtual providers. At the apex of the regional lockdowns, 65% of our visits were with telemedicine. After returning to more traditional operations, we continue to see 20% of our ambulatory encounters virtually because it does inherently support social distancing and because the increase in overall satisfaction of care increased so significantly, being a patient/family focused organization, we could not ignore the ratings and testimonials.

Children's Mercy supports the amendments put forth by KHA. Payment parity for telemedicine appointments, when the standard of care is met, is essential to our ability to continue to offer this highly efficient and economical option to our families; an option that can mean the difference for a rural or urban core Kansas family to keep their child's specialty care encounter. Telemedicine is not a new healthcare discipline; it is a newer method of delivering the same evidenced-based care that providers offer patients in person. Many major commercial insurance companies have switched to telemedicine offerings for their employees due to the financial savings and outcomes.

Additionally, one of the challenges we face is legislative language that results in differing interpretations. Although the addition of "other non-public" locations was likely meant to help widen and clarify that the patient's home is often, the patient's car, library, or school campus, it is open to interpretation that could in fact limit where these services can be provided. To meet patients' needs where and when they present, please support the edit to access location put forth by KHA.

Sincerest regards,

Morgan L. Waller, MBA, BAPsy, BSN, RN
Director of Telemedicine
Children's Mercy Kansas City