Chair Romanchuk and members of the House Finance: Health & Human Services Subcommittee, thank you for the opportunity to testify today in support of the telemedicine coverage proposal included in Governor Mike DeWine’s Fiscal Year 2020-2021.

My name is Bill Resch and I am a board-certified psychiatric physician, who specializes in the treatment of patients with mental health disorders, which include schizophrenia, bipolar disorder, major depression and many other illnesses of the brain. I am a Clinical Associate Professor of Psychiatry at The Ohio State University and Ohio University Heritage College of Osteopathic Medicine.

In my position as President, I am speaking on behalf of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization whose more than 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness including substance use disorders. In addition to speaking on behalf of physicians in Ohio who specialize in psychiatry, I am here speaking on behalf of the hundreds, likely thousands, of Ohioans who would like to be able to receive treatment by a psychiatrist for their mental illness and/or substance use disorder.

Based on national statistics, we know that one in five Ohioans experiences a mental illness in a year. Despite significant decreases in heroin and prescription opioid overdoses, Ohio is second only to West Virginia in drug overdose deaths. There were 4,293 drug overdoses in 2017, a 19% increase from 2016. From 2012 to 2018, the total number of opioids dispensed to Ohio patients decreased by 325 million doses, or a drop of 41%. So, while fewer opioids are being dispensed, we continue to see an increase in drug overdose deaths.

Perhaps many of these lives could have been saved if Ohioans had increased access to physicians who have been trained to treat substance use disorders (previously known as drug addiction) and untreated
co-occurring mental illness – which is, in many instances, what causes an individual to abuse alcohol and prescription medications, as well as other illicit drugs. Telemedicine (including telepsychiatry) is a powerful tool that can connect people with mental health and addiction treatment services. It is a key innovation in support of health care delivery reform, it is being used in initiatives to improve access to care and care coordination, and it is being utilized to reduce the rate of growth in health care spending. Emergency telepsychiatry services provide a solution for addressing the shortage of psychiatric consultation to Emergency Departments (EDs) in light of increasing demand for mental health treatment in the ED. It is especially helpful in connecting a psychiatrist with individuals who live in rural, underserved areas, or who find it difficult to be treated in person (due to time, cost or cultural barriers to seeking mental health care). It is a way of further utilizing the expertise of a specialty that is in great demand.

Ohio physicians, especially those practicing psychiatry and addiction medicine, have indicated a desire to reach more patients through the use of telemedicine, however, lack of reimbursement by commercial payers has remained a primary obstacle in Ohio.

Fundamentally, providing coverage for telemedicine is not a separate type of clinical care – nor is it a mandated insurance benefit. It is a matter of coverage parity for a physician visit in a bricks and mortar in-office setting and the same evidence-based visit that can be achieved remotely utilizing telehealth technology – it is simply a different delivery modality.

The state of Ohio lags behind 35 other states that have already passed laws creating a structure for coverage of telemedicine services. Those states have coverage parity between telehealth services and in-office services. The language included in the budget bill aligns Ohio with these other states.

In closing, ensuring that telemedicine services are covered by payers in Ohio will go a long way in expanding access to physicians who can appropriately treat mental illness and substance use disorders. Now is the time to make this critical change. Now is the time to do the right thing so that more Ohioan’s have access to life-saving services and treatments – so they don’t become just another part of a growing statistic.