



Written Testimony by Robert E Falcone MD, CEO Columbus Medical Association and Affiliates
to the House Finance: Health and Human Services Subcommittee
in Support of Telemedicine Coverage Policy
Included in HB 166, Main Operating Budget

Thursday, April 11th, 2019

Chairman Romanchuk and members of the House Finance: Health and Human Services Subcommittee, my name is Robert Falcone MD and I am writing to emphasize my support for the inclusion of coverage of telemedicine services in House Bill 166, the Main Operating Budget.

Telemedicine is a key innovation in health care delivery, and is being used in initiatives to improve access to care, to facilitate coordination and quality, and to reduce the rate of growth in health care spending. This offers a promising avenue to expand service delivery for primary care providers and decrease economic barriers to accessing primary care, particularly for institutionalized patients, for those who find travel to an office difficult, and for patients who live in medically underserved areas.

The state of Ohio is currently behind 35 other states which have passed laws providing coverage for telemedicine services. These states have laws in place regarding coverage and/or payment between telemedicine services and in-office services. The language included in HB 166 aligns Ohio with several other states by requiring a health benefit plan to cover telemedicine services to the same extent that the plan covers in-person health care. It also prohibits a health benefit plan from imposing any annual or cumulative lifetime benefit for telemedicine services other than participation in a "benefit maximum" imposed on all benefits offered under that plan. In addition, the bill will prohibit a health benefit plan from excluding coverage for a service solely because it is a telemedicine service.

It should be noted that coverage parity is different from pay parity and the included language in HB 166 only deals with coverage parity. The language as is will still require a provider to negotiate a reimbursement rate directly with the insurer.

We must provide opportunities for telemedicine reimbursement if we want to realize the potential growth opportunities that telemedicine services can provide. With the current language





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in the bill, physicians in Ohio will have more avenues to provide access to patients, coordinate care, and improve health outcomes.

I applaud the efforts of the Administration to include this language and ask the House to keep the language in the bill. Your efforts will ensure that telemedicine in Ohio can be fully utilized and that barriers to access to care continue to be removed.



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