



Senator Hearcel F. Craig
15th Senate District

Senate Health, Human Services and Medicaid Committee
Senate Bill 305 Sponsor Testimony
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May 27, 2020

Chair Hackett, Vice Chair Huffman and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to provide sponsor testimony today on Senate Bill 305. This piece of legislation would require health insurance plans to cover health care services as telemedicine services during a declared State of Emergency. This legislation is a companion bill to House Bill 580, a bipartisan bill introduced by Representatives Beth Liston and Thomas Patton.

It is no secret that many Ohioans were caught off guard by the impact COVID-19 has had on every aspect of our lives, and our health care field was no exception. As health care agencies across the country scrambled to ensure that their facilities were well equipped with personal protective equipment (PPE), beds and ventilators, many other health care facilities were limiting their hours of operation. Some medical services, like dental and eye care services as well as smaller clinics, had to close their offices except for emergency visits. Many offices requested that patients called in and waited in their cars until they could be seen and receive their medical services.

During the current pandemic, telehealth has been incredibly important and vitally utilized. Health care providers were able to continue offering their patients quality care, while preserving PPE and other essential medical equipment and contributing to the decrease of the spread of COVID-19. Allowing patients to have access to telehealth services is an important measure to keep patients safe and stabilized.

The Ohio Medical Board has alleviated some restrictions on the use of telehealth during the current State of Emergency. Additionally, telehealth services have been expanded to Medicare and Medicaid recipients. It is essential that Ohioans with private insurance are also able to utilize telehealth and to allow health care providers that accept private insurance to be reimbursed for providing telehealth services to their patients.

It is also important to note that this bill would NOT expand insurance coverage and would NOT require a health plan to provide reimbursement for a health care service that is not covered under the patient's plan. This bill would also NOT authorize a health care service provider to administer a service outside of its licensed scope of practice. This bill would only be in effect during a declared State of Emergency. Once the State of Emergency is lifted, the telemedicine policy would return to the agreed upon patient's health plan. The bill would ensure that providers receive the same reimbursement for telemedicine services as they would for the same in-person services only during a state of emergency. Once again, this is only if a service is already considered a covered service by the health plan issuer and only if the health care service provider believes it is in the best interest of the patient that the service is provided via telemedicine rather than in person.

In the Operating Budget this year, the Ohio General Assembly passed telemedicine parity language. It requires all health benefit plans to provide coverage for telemedicine services on the same basis and to the same extent as in-person services. This would prohibit plans from excluding telemedicine services from coverage solely because they are telemedicine services. This language, however, will not go into effect until January 21, 2021. SB 305 has an emergency clause that allows providers to give their patients the quality and reliable care that is needed during the current State of Emergency.

These are unprecedented times and now more than ever we need to meet people where they are; for both the patient's safety and health care practitioners' safety. This bill is critical to ensure that Ohioans continue to have access to health care and mental health services during this crisis, without having to worry about whether their insurance will cover the cost. For emphasis, this legislation will allow the state to save PPE, minimize contact between health care providers and their patients as we await an expansion of testing, and contact tracing. Our health workforce deserves the opportunity to remain healthy so that they can continue serving patients.

I wanted to take a moment to thank Chairman Hackett and the members of the committee for the opportunity to consider this legislation. I welcome any questions you might have at this time.