STATE SENATOR
CHARLETA B. TAVARES
15TH DISTRICT

Sponsor Testimony
Presented by: Senator Charleta B. Tavares
Senate Bill 32
Medicaid Committee
Senator Dave Burke, Chair
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Good afternoon, Chairman Burke, Ranking Member Cafaro and members of the Medicaid Committee. I appreciate the opportunity to testify before the committee on Senate Bill 32. Senate Bill 32 will require insurance plans to cover telemedicine/health services. The bill will be amended to include "telehealth" which is more comprehensive. The World Health Organization suggests that telehealth, unlike telemedicine, encompasses "computer-assisted telecommunications to support management, surveillance, literature and access to medical knowledge." Regardless of the precise definition, telehealth and telemedicine, in general, are intended to increase access to care and improve health outcomes by overcoming geographic barriers to care through the use of information and communications technology (ICT).

The National Conference of State Legislatures defines telehealth as "the use of technology to deliver health care, health information or health education at a distance." The two types of telehealth applications are real-time communication and store-and-forward. Real-time communication allows patients to connect with providers via video conference, telephone or a home health monitoring device, while store-and-forward refers to transmission of data, images, sound or video from one care site to another for evaluation.

I do want to point out that I have been contacted by the Ohio Psychological Association, and would like to add psychologists to the list of medical professionals to provide telemedicine/health services.

House Bill 123 of the 130th General Assembly, a telemedicine bill that passed out of the House and out of the Senate Medicaid, Health and Human Services Committee last December covers only Medicaid reimbursements. This bill will cover private insurers as well to ensure consistency, fairness and equity in insurance and revenue for the health providers. Eighteen states now cover both Medicaid and private insurer's telemedicine services.[1] Ohio should join the eighteen other states and pass this legislation.

[1] Seventeen states include: Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Montana, New Mexico, Oklahoma, Oregon, Texas, Vermont, Virginia and Washington D.C. http://www.ncsl.org/research/health/state-coverage-for-telemedicine-services.aspx

According to the American Telemedicine Association, telemedicine services include the following:

- **Specialist referral services –** This typically involves a specialist assisting a general practitioner in rendering a diagnosis. This may involve a patient "seeing" a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to a specialist for viewing later;

- **Patient consultations** – Use of telecommunications to provide medical data, which may include audio, still or live images, between a patient and a health professional for use in rendering a diagnosis and treatment plan. This might originate from a remote clinic to a physician's office using a direct transmission link or may include communicating over the internet;

- **Remote patient monitoring** – Use of devices to remotely collect and send data to a monitoring station for interpretation. Such "home telemedicine" applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such services can be used to supplement the use of visiting nurses;

- **Medical education** - Provides continuing medical education credits for health professionals and special medical education seminars for targeted groups in remote locations; and

- **Consumer medical and health information** - Includes the use of the internet for consumers to obtain specialized health information and on-line discussion groups to provide peer-to-peer support.

Telemedicine has been embraced by many in the medical community including patient and physician groups such as the American College of Chest Physicians, the American Heart Association, National Association for Home Care and the American Academy of Dermatology. The practice has proven to be beneficial in increasing access to care, improving quality of care and reducing cost of care. In addition, telemedicine/health could potentially improve health outcomes and increase revenues for medical institutions that are facing financial challenges. Currently, it is not a practical option because of the restrictions on reimbursement for these services.

I view this as an issue of expanding access to care in order to increase positive health outcomes. Inequities in health care are associated with geographic, socioeconomic and cultural disparities. A critical component to reducing disparities is increasing access and telemedicine has shown promise in this area. By utilizing this form of care patients and providers are not bound to their geographic locations. Patients do not have to travel to distant locations and providers can consult with colleagues that may be located in other areas. "In an ideal situation, patients would be able to receive the appropriate type and level of care they need, in proximity to their homes, from the appropriate provider, and in the appropriate setting."[i]

An example of telemedicine/health which patients can utilize at there convenience is "eVisits"; this allows patients at home or another location to contact their physician through electronic medical record portals for minor concerns, including photos or videos. "eVisits" and other forms of telemedicine could reduce emergency room visits. A study of a community in New York State found that telemedicine could have replaced nearly 28 percent of all visits to the pediatric emergency department. The study also found that the telemedicine group cost insurers less over the course of a year. The cost savings realized for insurers was approximately $14 for each child in the community. The development of these new service models is transforming medical care, as we know it. It is important that Ohio law allow for reimbursement of these services.

Telemedicine is not intended to supplant the current healthcare system. However, advocates believe it is a viable tool that has the potential to aid in reducing cost and increasing the quality and quantity of care. In a state with a significant rural and underserved urban population, we need to seriously consider healthcare alternatives that can be used in areas where the nearest hospital or physician may be an hour or more away. To illustrate the effectiveness of this practice I have attached an article about a Louisiana hospital's innovative use of telemedicine.

Chairman Burke and members of the Committee, I appreciate your attention to this important issue and I respectfully request your favorable consideration and passage of Senate Bill 32. Thank you and I am happy to respond to questions from the committee.

[i] Bashshur, Rashid L., and Gary W. Shannon. "National Telemedicine Initiatives: Essential to Healthcare Reform" *Telemedicine and E-Health* (2009)