



Victoria Kelly, MD

*On behalf of the*  
Ohio Psychiatric Physicians Association

*Before Members of the*  
House Health Committee

**Proponent Testimony**  
**House Bill 546 – Telehealth**

May 16, 2018

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee, I thank you for the opportunity to provide testimony in support of House Bill 546, a bill that would prohibit health benefit plans from treating telemedicine services differently from in-person health care services solely because they are provided as telemedicine services.

My name is Victoria Kelly, M.D. I am Clinical Assistant Professor, Program Director and Psychiatry Clerkship Director at the University of Toledo Medical Center and I also practice forensic psychiatry at Unison Health, a community mental health center. I am here today speaking as President-elect 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 or substance use disorder.

Based on national statistics, Ohioans are struggling with their mental health. One in five Ohioans experience a mental illness in a year. One Ohioan dies by suicide every six hours. More than 14 Ohioans

a day die by drug overdose. Drug overdose deaths are now the leading cause of death among Americans under age 50 – killing more in a year than were ever killed annually by HIV, gun violence or car crashes.

With statistics like these, it is imperative that we step up and advocate for improved access to competent medical care, including mental health care, for all Ohioans. Telemedicine (including telepsychiatry) is a powerful tool that can connect people with mental health and addiction treatment services, to improve access to care and care coordination, and is being used to reduce the rate of growth in health care spending. 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, while providing safe medical care to fellow Ohioans.

The use of telehealth is rapidly growing. Health care providers treated less than 350,000 patients worldwide using telehealth technology in 2013. This year, that number was expected to grow to 7 million.

Several years ago, Ohio's Medicaid program wisely began reimbursing for telemedicine services provided by psychiatrists in community mental health centers and there has been an increase in utilization each year. Ohio physicians, especially those practicing psychiatry and addiction medicine, have indicated a desire to reach more patients using telemedicine, however, lack of reimbursement by commercial payers has remained the significant primary obstacle in Ohio.

Fundamentally, providing medical services via telemedicine is not providing a separate type of clinical care. The bottom line is that the standard of care for the diagnosis and treatment of these medical conditions applies whether a physician is seeing the patient face-to-face in an outpatient setting, in an urgent care center, or through the secure video platforms of telemedicine. Therefore, reimbursement for clinical care delivered via telemedicine should not be excluded from reimbursement by insurance companies – just as if the visit took place in a face-to-face setting. The same service is being provided and both should be a reimbursable benefit. It is not a NEW mandated benefit – it is simply a change in the mode of delivery of the physician visit. I have personally utilized telemedicine services to provide psychiatric services to patients, both in private practice and patients who are treated through two of the Toledo-area community mental health centers. Telemedicine platforms are easy to use, convenient on many levels, and the rate-limiting factor to improving the lives of Ohioans on a larger scale is lack of parity for reimbursement of services.

The reality is that many commercial payers *are* required by state law to reimburse for telemedicine – often at the same rate as a comparable in-person service. The state of Ohio lags behind 30 other states that

have already passed laws (and several others that have pending legislation) creating a structure for reimbursement of telemedicine services. Those states have payment parity between telehealth services and in-office services. The American Telehealth Association has given Ohio the ranking grade of F for parity of private insurances, and we are bordered by Indiana, Kentucky, and Michigan (all of which have enacted private insurance parity laws).

Ensuring that telemedicine services are covered and reimbursed by payers in Ohio will go a long way in tackling the barriers to expanding access to physicians who can appropriately treat mental illness and addiction disorders, especially in rural and underserved areas. 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 the growing statistic.

I am happy to address any questions committee members may have at this time.