



Written Testimony by the American College of Emergency Physicians, Ohio Chapter
to the Senate Finance Health and Medicaid Sub-Committee
in Support of Telemedicine Reimbursement Policy
included in Sub-HB 49, Main Operating Budget

Wednesday, May 24th 2017

Chairman Hackett, Vice Chairwoman Tavares and members of the Senate Finance Health and Medicaid Sub-Committee, my name is Dr. Purva Grover and I am a pediatric emergency physician at the Cleveland Clinic. I am currently serving as the President of the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP). I am writing to emphasize my support for the coverage of telemedicine services language included in the House passed substitute version of HB 49 the FY18-19 budget.

As I am sure you are well aware, the emergency department is a high paced and complicated practice environment. Emergency physicians see and treat conditions that cross the entire spectrum of medicine. Something that is very prevalent in the emergency department are cases of mental illness. Many of our physician members don't get through a shift without seeing a patient experiencing a mental health or psychiatric episode.

In the case of psychiatric episodes, it is our duty to ensure that patient has appropriate and needed access to crisis mental health services. However, those services can be difficult to obtain. There are not enough psychiatric practitioners or mental health treatment options to serve this population. This shortage is exacerbated during nontraditional work hours, i.e.: after 5pm and on the weekend.

As a result, many of our patients are "boarded" in the emergency department until we are able to connect them with appropriate care. Psychiatric boarding is a problem we hear about from our members on a regular basis. And it is not a problem with an easy solution. We see the House added provision on telemedicine as a tool to address this problem. If we can provide psychiatric evaluations to these patients using telemedicine, and specialists can be reimbursed for those services, we would expect increased access for our patients in the emergency department. Ohio ACEP believes these benefits will be realized statewide, but in particular in rural and underserved areas.

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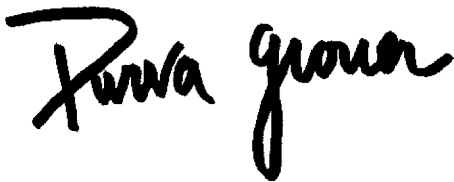
Executive Director
Laura L. Tiberi, MA, CAE

As you have heard from other proponents, the state of Ohio is currently behind 30 other states who have passed laws providing reimbursement for telemedicine services. The language included in sub-HB 49 aligns Ohio with other states by requiring a health benefit plan to cover telemedicine services on the same basis and to the same extent that the plan covers in-person health services. It also prohibits a health benefit plan from imposing any annual or lifetime benefit for telemedicine services other than a benefit maximum imposed on all benefits offered under then plan. In addition, the bill will prohibit a health benefit plan from excluding coverage for a service solely because it is a telemedicine service.

Ohio ACEP applauds the efforts of the House to include this language and we ask the Senate to keep the language in the bill. Your efforts will ensure that telemedicine in Ohio can be fully utilized and barriers to access to care are removed.

Thank you for your consideration of this perspective.

Sincerely,

A handwritten signature in black ink that reads "Purva Grover". The signature is fluid and cursive, with the first name "Purva" being more prominent than the last name "Grover".

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Ohio ACEP President

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