



House Bill 679

Proponent Testimony offered to Ohio House of Representatives, Insurance Committee

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Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs and members of the Ohio House of Representative Insurance Committee, thank you for the opportunity to present testimony in support of House Bill 679. I name is Lisa Amlung Holloway and I hold the position of Maternal and Infant Health Initiatives for the March of Dimes for the state of Ohio.

March of Dimes is a national non-profit organization which brings together scientists, clinicians, parents, members of the business community, and other volunteers in collaboration to improve health outcomes of mothers and babies. Our work is heavily concentrated in the areas of preconception, prenatal, interconception and infant health.

Telehealth is increasingly being utilized across a range of health care specialties of interest to March of Dimes including obstetrics, maternal-fetal medicine, and mental health. Some examples include: virtual high-risk patient consultation with specialists, remote observation of ultrasound recordings by maternal-fetal medicine experts, and postpartum blood pressure monitoring using Wi-Fi connected devices as examples.ⁱ In addition, ensuring that women have early and on-going access to timely and high-quality prenatal health care is essential to achieving our goals of reducing infant mortality, premature birth and maternal mortality. Increasing access to telehealth services will likely eliminate barriers and reduce disparities for women living in maternity care deserts and those with other obstacles to receiving care.ⁱⁱ

Evidence suggests that telehealth services provide comparable outcomes to traditional healthcare methods. In 2020, the journal of *Obstetrics & Gynecology* conducted a systemic review of telehealth interventions and reported that a number of telehealth interventions were associated with outcomes known to improve the health of mothers and babies including perinatal smoking cessation and breastfeeding.ⁱⁱⁱ

Another 2016 study of low-risk pregnancies compared women who received part of their care virtually with a group that received all of their care in-person and found no significant differences in rates of cesarean birth, preterm birth, NICU admissions, or birth weight between the two groups.^{iv}

Telehealth is also a mechanism to increase access to maternal-fetal medicine physicians who provide care for high-risk pregnant women. The availability of these providers is inversely related to poor maternal outcomes. As we work to reduce maternal mortality and morbidity, access to maternal-fetal medicine providers must remain a priority and the utilization of telehealth to provide this care is essential.^v

Because of its potential to improve access to telehealth services in Ohio and therefore positively impact outcomes for mothers and babies, March of Dimes commends Representatives Holmes and Frazier for introducing this legislation. As this committee considers HB 679, March of Dimes offers the following suggestions for consideration to ensure the benefits for pregnant women and their newborns are maximized:

- All payers should provide coverage for evidence-based telehealth services for pregnant women and postpartum women, and there should be alignment of telehealth reimbursement approaches across payers.
- Ohio Medicaid should specifically address pregnancy-related care in their telemedicine reimbursement policies.
- Evaluation is a critical component of telehealth programs for pregnant and postpartum women and should be addressed.

On behalf of the March of Dimes, I thank you for your time and consideration.

ⁱ DeNicola N, Grossman D, Marko K, Smalker S, Butler Tobah YS, Ganju N, et al. Telehealth Interventions to improve obstetric and gynecologic health outcomes: a systemic review. *Obstetrics and Gynecology* 2020, 135:371-82.

ⁱⁱ March of Dimes. Nowhere to Go: Maternity Care Deserts Across the US. Available at https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf

ⁱⁱⁱ Center for Connected Health Policy. What is Telehealth? Available at <https://www.cchpca.org/about/about-telehealth>

^{iv} Pflugeisen BM, Mou J. Patient satisfaction with virtual obstetric care. *MCN American Journal of Maternal/Child Nursing* 2017;21:1544-51

^v Leighton C, Conroy M, Bilderback A, Kalocay W, Henderson J, Simhan H. Implementation and impact of maternal-fetal medicine telemedicine program. *American Journal of Perinatology* 2019;36:751-58