



OHIO
OPTOMETRIC
ASSOCIATION

Substitute House Bill 679
Written Testimony – Interested Party
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Chairman Brinkman, Vice Chairman Antani, Ranking Member Boggs and members of the Ohio House Insurance Committee, thank you for the opportunity to provide comment on House Bill 679 on behalf of the Ohio Optometric Association (OOA). The OOA is the professional association for Ohio's Doctors of Optometry and represents 70% of the state's practitioners.

The OOA strongly supports the provision of telehealth services with proper safeguards as an efficient and effective way to deliver eye care services. The state's optometrists have been providing these services to patients for several months under an administrative code rule 4725-25-01 adopted by the State Vision Professionals Board via Executive Order from Governor DeWine. A copy of this rule is attached to my testimony. As you can see, the protocols associated with the practice of telehealth for eye care services are comprehensive, patient-centered and are similarly structured to the protocols contained within HB 679.

Hundreds of Ohio residents have received care provided by Ohio licensed Doctors of Optometry through telehealth methods without any known adverse effects. During this time, patients have received telehealth services to address such issues as: allergic and bacterial conjunctivitis (pink eye), preseptal cellulitis, hordeolum (stye), herpes zoster (shingles), Bell's palsy, contact dermatitis; and, in addition have received answers to questions and education on their eye care needs, which are many times linked to systemic health issues and their use of medications. Accordingly, the OOA respectfully requests the committee consider an amendment to HB 679 to ensure that patients may continue to safely receive telehealth services delivered by licensed therapeutic optometrists and that the State Vision Professionals Board retains adequate oversight for the practice of telehealth in optometry.

Thank you for your consideration of this important issue. Please feel free to contact me at (614) 781-0708 or kkerns@ooa.org should you have any questions or require additional information.

4725-25-01

Telehealth Communication.

(A) Definitions.

In this chapter, the following terms have the meaning indicated:

- (1) "Asynchronous" means recorded data and information from health evaluations submitted for later review.
- (2) "Board" means the Ohio Vision Professionals Board.
- (3) "Patient" means a consumer of telehealth services.
- (4) "Provider" means an optometrist who holds a valid therapeutic pharmaceutical license who provides telehealth services.
- (5) "Service delivery model" means the method of providing telehealth services.
- (6) "Site" means the patient location for receiving telehealth services.
- (7) "Stored clinical data" means video clips, sound / audio files, photo images, electronic records, and written records that may be available for transmission via telehealth communications.
- (8) "Synchronous" means services occurring via telehealth applications using real time use of interactive audio, video or other telecommunications or electronic technology.
- (9) "Telehealth" means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

(B) Service delivery models.

- (1) Telehealth may be delivered in a variety of ways, including, but not limited to, those models listed in this rule.
- (2) Store and forward model / electronic transmission is an asynchronous electronic transmission of stored clinical data from one location to another.
- (3) Synchronous is a real time interaction between the provider and patient that may occur via encrypted audio and video transmission over telecommunication links including, but not limited to, videoconferencing.
- (4) Live versus stored data refers to the actual data transmitted during the course of telehealth services. Both live, real time and stored clinical data may be included as part of telehealth services.

(C) Guidelines for the use of telehealth.

- (1) A provider shall be accountable for any ethical and scope of practice requirements when providing telehealth services.
- (2) The scope, nature, and standard of care of telehealth services are the same as provided in person by the provider.
- (3) The quality of electronic transmissions shall be appropriate for the provision of telehealth services as if those services were provided in person.
- (4) A provider shall only utilize technology with which they are competent to use as part of their telehealth services.
- (5) Equipment used for telehealth services shall be maintained in appropriate operational status to provide appropriate quality of services.
- (6) The provider shall be responsible for assessing the patient's candidacy for telehealth, including behavioral, physical, and cognitive abilities to participate in services provided via telecommunications.
- (7) A provider shall be aware of the patient's level of comfort with the technology being used as part of the telehealth services and only accept for treatment via telecommunications patients who can reasonably be expected to benefit from a service delivery model in paragraph (B) of this rule and continue with such treatment when there is reasonable expectation of further benefit.
- (8) Providers shall be held to the same standards of practice as if the telehealth services were provided in person.
- (9) A provider should be sensitive to cultural and linguistic variables that affect the identification, assessment, treatment, and management of the clients.
- (10) Telehealth providers shall comply with all laws, rules, and regulations governing the maintenance of patient records, including patient confidentiality requirements.
- (11) Notification of telehealth services should be provided to the patient, the guardian, the caregiver, and the multi-disciplinary team, if appropriate.
- (12) A provider shall promptly refer patients for in office care, when necessary.

(D) Limitations of telehealth services include, but not limited to the following:

- (1) The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in person service delivery;

(2) The inability to establish new provider-patient relationships via telehealth services, except in emergency situations;

(3) The inability of conducting online refractions, creation or renewal of an eye glass or contact lens prescription for a patient who has not received the appropriate in person refractive care; and

(4) The quality of transmitted data may affect the quality of services provided by the provider.

(E) Requirements of personnel providing telehealth services.

(1) A provider of telehealth services who practices in the state shall be licensed by the board.

(2) A provider of telehealth services shall be competent in both the type of services provided and the methodology and equipment used to provide the service.

(3) A provider of telehealth services who resides out of state and who provides services for Ohio residents shall be licensed by the board.