



House Bill 679
Proponent Testimony
Ohio Senate Insurance and Financial Institutions Committee

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Chairman Hackett, Vice Chairman Hottinger, Ranking Member Craig, and members of the Senate Insurance and Financial Institutions Committee, my name is Dr. Arick Forrest. I am Vice Dean of Clinical Affairs for the Ohio State University College of Medicine and President of the Ohio State University Physicians, Inc., part of The Ohio State University Wexner Medical Center. I also am a practicing otolaryngologist. I am pleased to provide proponent testimony on House Bill 679, which would codify coverage for telehealth. I commend Representatives Fraizer and Holmes for introducing legislation to make permanent many of the advances we recently have made in providing service virtually to our patients.

One of the nation's leading academic health centers, The Ohio State University Wexner Medical Center (OSUWMC) offers health care services in virtually every specialty and subspecialty in medicine. Thousands of patients come to us each month for treatments and services they cannot find anywhere else. Providing access to health care information is central to our research, education and patient care mission. At OSUWMC, we are dedicated to improving health in Ohio and across the world through innovation in research, education and patient care.

Virtual health, or telehealth, is a cost-effective method for delivering health care services, improving quality and safety and increasing access to care. Ohio State has a long history of using telehealth. In 1995, Ohio State began using telemedicine to increase inmate access to care. We found that there were significant savings from a reduction in inmate trips to the emergency room and doctor's offices as well as unnecessary medical tests. We have provided more than 10,000 telemedicine visits with inmates and are currently offering 14 specialty clinics to 29 prison sites across the state.

In 2011, the OSUWMC Comprehensive Stroke Center began tele-stroke services across the state – offering the highest level of timely, evidenced-based stroke care regardless of where someone lives.

In 2013, Ohio State psychiatrists began providing tele-behavioral health services for emergency department patients. Timely patient evaluation decreases length of stay, prevents escalation of psychiatric issues, and increases the number of patients that can be discharged to home instead of being admitted to a psychiatric facility.

Before the current pandemic, our primary care physicians (PCPs) started offering follow up video visits for established patients. PCPs also began electronic consultation, keeping them as the coordinator of the patient's care with timely access to subspecialty providers. Specialty areas utilizing telehealth include dermatology, pulmonology, gastroenterology, hepatology, congestive heart failure, and otolaryngology.

Experience with telehealth prepared us well to respond to patients' needs during the COVID-19 pandemic. Telehealth has expanded exponentially, by necessity, to ensure that patients still have access to needed care while in person visits were not possible. Through flexibility provided through Medicaid and Medicare waivers, and corresponding coverage from private insurers, in March we quickly shifted our ambulatory care from primarily in-person to care almost exclusively through virtual means – including through our MyChart online application that supports live video visits and email - and through telephone calls.

Our shift to telehealth was particularly critical to ensure that we could handle routine or acute care for older or at-risk patients, including those with chronic conditions, without risking a visit to a medical office.

OSUWMC jumped from 134 video visits and 39 telephone appointments during January and February 2020 to more than 272,000 visits from March through October 2020. We now have 1400 providers conducting more than 2500 video visits per day.

While many have returned to in-person appointments, virtual visits have become part of our standard practice and many patients appreciate the convenience and ease of telehealth visits for their care. Telehealth has quickly become a normal way of providing care to our patients, across types of providers and conditions – from primary care to specialty care and disease management.

Since we have expanded telehealth visits, our no-show and late cancellation rates have dropped among our entire patient populations, but particularly for Medicaid participants.

Telehealth is clearly increasing access to care, particularly for individuals with barriers to care, including transportation. It can save patients money as compared to coming to an in person visit, as it may save them the cost of gas, parking, lost wages and/or childcare, which for some patients is not insignificant. OSUWMC has seen telehealth patients from all 88 Ohio counties, with a savings (at 22.2 EPA average miles per gallon) of about 12 million miles of travel and 551,000 gallons of gasoline for a total of approximately \$1.1 million.

We are pleased that House Bill 679 would codify some of the practices that have been put in place on an emergency and now permanent basis through Medicaid. While we support the steps the Department of Medicaid has taken, enactment of HB 679 will create a consistent approach to the regulation of telehealth across types of providers and public and private coverage.

In particular, we strongly support the bill's expanded list of providers who are eligible to provide care through telehealth, codifying coverage for both Medicaid and private plans, and providing for expanded behavioral health and substance use disorder services via telehealth. Further, OSUWMC supports the protection of the coverage parity included in current law.

We support the language as passed by the House to allow an initial patient visit to be conducted by telehealth, as long as it meets standard of care. We understand that the committee may consider clarifying amendments on this issue. As you consider this issue, we ask that the Committee accommodate certain types of initial visits, such as second opinion consultations, that can be accomplished virtually and should remain permissible.

We do have some recommendations for improvements to the legislation. We believe that the statute should allow all health care providers licensed, certified or registered in Ohio to provide health care services through telehealth.

In particular, we encourage you to add pharmacists to the list of providers who can provide services via telehealth. Last General Assembly, Ohio passed legislation to recognize pharmacists as providers. As important parts of the care team, pharmacists provide significant assistance in medication management and chronic disease management through consult agreements with physicians. I commend the Department of Medicaid for developing regulations to include pharmacists as providers in the Medicaid program, and to include pharmacists in their telehealth rules when the provider rule becomes effective early next year. Including pharmacists in H.B. 679 will ensure that those with private health insurance will have similar access to care. All Ohioans should have needed telehealth services from pharmacists, not just Medicaid participants.

In addition, we ask you to add licensed genetic counselors to the list of allowable providers. Genetic counselors actively work with our cancer program patients, maternal/fetal medicine, cardiac care and more. Their patient consultations can be done by remote means and should be permitted to do so.

Telehealth law should embrace current technology and provider types and allow for the growth in technology and providers in years to come. We support the inclusion of and reimbursement for remote patient monitoring.

We commend the sponsors for their efforts to create greater access to and coverage of telehealth in Ohio. Virtual health improves access to clinical experts and helps mitigate health disparities across communities, and has quickly become the new normal for providing care. We look forward to working with the sponsors and Committee to address these outstanding issues and ensuring that the great progress we have made in telehealth can continue for our patients and communities. I am happy to answer any questions you may have.