



THE BUCKEYE INSTITUTE

Ohio Can Improve Access to Health Care Through Telehealth

Interested Party Testimony
Ohio House Insurance Committee
House Bill 122

Rea S. Hederman Jr.
Vice President of Policy at the
The Buckeye Institute

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As Submitted

Chairman Brinkman, Vice Chair Lampton, and Ranking Member Miranda, thank you for the opportunity to submit written testimony on House Bill 122.

My name is Rea Hederman, I am the vice president of policy at **The Buckeye Institute**, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

Last year, The Buckeye Institute **applauded** the regulatory changes adopted by the Trump and DeWine Administrations that increased access to telehealth care, and we support Ohio's latest effort to make such access permanent. In our **writings** and previous **testimony**, we have encouraged broader use of telehealth for **general medical** care and **mental health** care, so we commend House Bill 122's telehealth coverage for psychologists, professional clinical counselors, independent social workers, and independent marriage and family therapists. By extending coverage to include advance practice registered nurses, pharmacists, occupational and physical therapists, and other health professionals, the bill will help Ohio citizens—especially those living in rural areas—access more health care services and specialists.

Years of research **demonstrate** telehealth's potential to improve access to care, lower costs, and increase flexibility for patients and providers. These benefits took on special meaning during this pandemic. Patients have experienced firsthand the value that telehealth provides and will be reluctant to see telehealth access restricted again.

Much remains to be learned about broadening telehealth services, but they already appear to hold significant promise for helping **rural** and **elderly** patients. So policymakers should continue looking for ways to expand telehealth access without hobbling its potential to **improve outcomes, lower costs, and promote future innovations**.

The Trump Administration made telehealth reforms permanent for federal health programs, but Ohio's telehealth reforms have not yet been codified. Thus, Medicaid recipients may have greater access to more care providers through telehealth than those with private health care coverage. That is not right. All Ohioans should have equal telehealth access to their healthcare providers. House Bill 122 helps achieve that objective.

The General Assembly can improve House Bill 122 by allowing Ohio patients to use telehealth technology to consult with doctors outside of Ohio. State law should not prevent patients from using technology to consult with out-of-state physicians under agreements with their primary physicians in Ohio or with another Ohio-based doctor when seeking a second opinion.

House Bill 122 goes a long way towards expanding health care access in Ohio. The bill can make permanent a more innovative access to health care that can better meet the needs of patients and providers. The federal government has already done so and now Ohio should too.

The Buckeye Institute appreciates the opportunity to submit written testimony on this critical issue.

About The Buckeye Institute

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