



**House Bill 122– Proponent Testimony  
Senate Health Committee  
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Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity today to testify in support of House Bill 122, regarding telehealth services. My name is Dr. Steven Shook, and I am the Lead for Virtual Health at Cleveland Clinic.

As an early adopter of telehealth, Cleveland Clinic has long advocated its importance, as well as the need to bring public policy up-to-date to keep pace with developments in technology and care delivery. Prior to the current public health emergency, widespread adoption of telehealth was hindered by inconsistent and restrictive regulations and reimbursement approaches. The ongoing COVID-19 pandemic has presented an unprecedented need for telehealth services to preserve access for Ohioans. In response, governmental and private payers alike have provided unprecedented flexibility to deliver – and be paid for – these services, which has been critical in facilitating the needed shift to the remote delivery of care.

Timely enactment of HB 122 is essential to establishing a cohesive approach to regulation of telehealth. It is especially imperative that this legislation be enacted before current telehealth flexibilities expire at the end of the calendar year. Reverting to the pre-COVID, patchwork approach will slow the momentum we have achieved and potentially even reverse some of the gains in telehealth adoption made during the public health emergency. While we applaud the Ohio Department of Medicaid for its recent regulations expanding telehealth coverage, the benefit is accessible only by those Ohioans served by the Medicaid program. In contrast, HB 122 would set standards for telehealth that apply across patients, payers and applicable providers.

In particular, we are especially encouraged that HB 122 allows providers flexibility to use telehealth visits as an alternative to in-person as long as they meet the appropriate standard of care. Clinicians are in the best position to determine whether and how often they need to examine a patient in-person to meet the applicable standard of care, and when a telehealth visit does meet that standard. Additionally, we are grateful that coverage parity is protected in HB 122; this is critical to ensure increased access to care for patients, the potential of reduced costs to our health care system, and improved overall health outcomes. Finally, we support the aim of this legislation to expand the types of providers who can utilize telehealth, and as care models evolve we look forward to continuing to work with the General Assembly to increase access to needed care by adding additional providers.

Cleveland Clinic's experience well illustrates the innovations that regulatory flexibilities have enabled. Despite our early adoption of digital care, telehealth represented less

than 2 percent of the total care provided throughout Cleveland Clinic in early 2020 – an experience not unlike that of other large healthcare organizations. Since the beginning of the pandemic, Cleveland Clinic has expanded its use of telehealth by:

- **Developing a home monitoring program for patients who test positive for COVID-10:** Enrolled patients are called daily to make sure they are doing well; if their symptoms escalate, they are referred to a physician on virtual standby for additional assessment. The clinical monitoring is aided by an app within our patient portal that allows patients to report symptoms, along with pulse oximetry and temperature monitoring. To date, over 7,200 patients have been enrolled in this program; since Cleveland Clinic performs the majority of testing in our region, this number represents almost half of the cases in Cuyahoga County. The program has demonstrated success at keeping patients at home, preventing admissions and reducing the mortality rate.
- **Expanding remote monitoring of chronic conditions:** The COVID monitoring program was modeled on an existing Cleveland Clinic program to monitor patients with chronic conditions; at the beginning of the pandemic, this program was scaled from 2500 to over 19,000 patients. These patients are monitored by a panel of nurses, who also can access data automatically uploaded by monitoring equipment such as blood pressure cuffs, pulse oximeter, glucometers, scales, pacemakers and sleep apnea machines. Patients with escalating symptoms are referred to a doctor for further evaluation; in some cases, we may deploy Clinic-employed paramedics to provide hands-on care as appropriate, including a full physical exam, medication reconciliation, facilitation of a virtual visit, or administration of IVs or IV medications. We have observed a reduction in inpatient admissions as a result of this program.
- **Expanding the reach of specialty providers:** In the span of 6 weeks (from March 7 to April 11), hundreds of Cleveland Clinic providers were newly trained or retrained in providing virtual care; many were specialists who did not previously provide telehealth services. This allowed us to continue to offer scheduled visits with those specialists, minimizing disruption of care. Additionally, ICU telemedicine allows our clinical teams to amplify the expertise of the limited numbers of intensivists to a broader pool of severely ill COVID-19 patients in multiple locations. We also are able to use telehealth to allow COVID-19-positive clinicians quarantined at home to continue to see patients in the emergency department (ED). This allows our EDs to continue to handle the same number of patients, while allowing providers who could not work in person due to infectious risk to evaluate and treat patients who do not require hands-on intervention.

There are clear benefits to telehealth outside the pandemic context, as well. Telehealth visits allow providers to meet patients where they are. It also allows providers to work with patients in rural areas where access issues persist, and where providers are limited. Expanding access to care in this way is especially important when we consider specialties that are in high demand, such as psychiatry and mental health providers. Another great example is stroke care, where experts every day connect into EDs within minutes using telemedicine, preserving precious time and saving lives.



Again, we appreciate the opportunity to partner with you on this legislation, and support the passage of House Bill 122. Thank you to the bill sponsors, Rep. Fraizer and Rep. Holmes for their efforts to increase access to telehealth, making for more affordable healthcare for patients and providers alike.