



May 23, 2018

The Honorable Steve Huffman  
Chair, Ohio House Health Committee  
77 South High Street, 12<sup>th</sup> Floor  
Columbus, OH 43215

Dear Chairman Huffman:

I am writing on behalf of the nearly 23,000 governing members of NFIB in Ohio to express our concerns with House Bill 546, legislation including a two-prong state-imposed health insurance mandate. House Bill 546 contains two separate requirements for health plans to include in their fully-insured products. First, is the requirement that any service covered for an in-person visit also be covered if that service is delivered via telehealth. The second, is the requirement that any cost sharing for telehealth cannot exceed those for in-person services.

Since 1986, our members top concern with respect to business issues is the cost of health insurance. We are extremely sensitive to anything putting upward pressure on premiums. While the actions that take place with respect to healthcare policy in Washington D.C. are outside of your control, we question why this committee and the General Assembly would want to add additional coverages that could spike premiums. The LSC fiscal analysis indicates potential cost increases for public employee plans that do not already provide this coverage, including the state's health benefit plan. We believe the same will be true for our members.

Proponents have testified that telemedicine brings benefits to patients that would otherwise not be able to see a certain provider. Proponents also indicate the potential for cost savings through the utilization of telemedicine. If accurate, we question why proponents, and subsequently the legislature, would not want to mandate this coverage for all Ohioans? As you are well aware, ERISA law restricts the ability of state legislatures to force coverage on self-insured plans. This significantly limits the impact of any state-imposed health insurance mandate. While House Bill 546 requires applicability to public employee benefit plans, why not put in statute the mandate for Medicaid to also provide telemedicine services? Why stop there? We suggest this committee explore ways to extend coverage to all Ohioans. Perhaps create a separate state-fund that any Ohioan can access. This would prevent any individual from not having access to telemedicine and truly establish coverage for all.

We heard proponents indicate they accept coverage parity but not payment parity. There were questions asked during last week's hearing regarding facility fees included in medical bills. As this committee has heard, House Bill 546 is about ensuring access to services for patients and working toward better health outcomes. At the very least, we suggest this body put restrictions on the addition

of facility fees to any service provided via telemedicine. We feel protecting patients from being charged a facility fee when they are not seen at a facility will help keep costs lower for telemedicine services.

Finally, House Bill 546 is a health insurance mandate. The bill is requiring coverage for telemedicine services. We are asking the General Assembly to honor their commitment to the two-year moratorium on health insurance mandates included in House Bill 463 from the 131<sup>st</sup> General Assembly. The purpose of the moratorium is to give the Ohio Department of Insurance time to complete its required actuarial analysis on existing health insurance mandates. For reference the language is below.

*SECTION 6. It is the intent of the General Assembly to implement a two-year moratorium on any new health care mandates impacting individual and group health insurance plans that are not subject to the "Employee Retirement Income Security Act of 1974," 29 U.S.C. 1001, et seq.*

We appreciate your attention to our concerns with House Bill 546. Please feel free to contact me with any questions.

Sincerely,



Christopher J. Ferruso  
Legislative Director

cc: Members of the Ohio House Health Committee