



Janet Shaw, MBA

On behalf of the
Ohio Psychiatric Physicians Association

Before Members of the
Senate Finance Committee

**In Support of the Telemedicine Reimbursement Policy
as Passed in the House Version of House Bill 49 and Removed by the Senate Finance Committee**

June 14, 2017

Chair Oelslager, Vice Chair Manning and Ranking Member Skindell, thank you for the opportunity to testify today in support of the telemedicine reimbursement policy in the House passed version of HB 49, Ohio's budget for state fiscal year 2018-2019, which was subsequently removed by the Senate.

My name is Janet Shaw and I serve as executive director for the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization whose more than 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness including substance use disorders. In addition to speaking on behalf of physicians in Ohio who specialize in psychiatry, I am here speaking on behalf of the tens of thousands of Ohioans living in rural and underserved parts of our state who want and deserve greater access to psychiatrists for treatment of their mental illness and/or addiction disorder.

Based on national statistics, we know that one in five Ohioans experiences a mental illness in a year. Just last week we learned that drug overdose deaths are now the leading cause of death among Americans under age 50 – killing more in a year than were ever killed annually by HIV, gun violence or car crashes. More Americans died of drug overdoses in 2016 than died in the entirety of the Vietnam War. In Ohio, an average of 11 people died each day in 2016 from heroin, fentanyl, carfentanil or other drugs.

Perhaps many of these lives could have been saved if Ohioans had increased access to physicians who have been trained to treat drug addiction and untreated co-occurring mental illness – which is, in many instances, what causes an individual to abuse alcohol and prescription medications, as well as other illicit drugs. Telemedicine (including tele-psychiatry) is a powerful tool that can connect people with mental health and addiction treatment services. It is a key innovation in support of health care delivery reform, it is being used in initiatives to improve access to care and care coordination, and it is being

utilized to reduce the rate of growth in health care spending. It is especially helpful in connecting a psychiatrist with individuals who live in rural, underserved areas, or who find it difficult to be treated in person (due to time, cost or cultural barriers to seeking mental health care). It is a way of further utilizing the expertise of a specialty that is in great demand.

The use of telehealth is rapidly growing. Health care providers treated less than 350,000 patients worldwide using telehealth technology in 2013. By 2018, that number is expected to grow to 7 million.

Several years ago, Ohio's Medicaid program wisely began reimbursing for telemedicine services provided by psychiatrists in Community Mental Health Centers and there has been an increase in utilization each year. Ohio physicians, especially those practicing psychiatry and addiction medicine, have indicated a desire to reach more patients through the use of telemedicine, however, lack of reimbursement by commercial payers has remained a primary obstacle in Ohio.

Fundamentally, providing reimbursement for telemedicine is not a separate type of clinical care – nor is it mandated insurance benefit. It is a matter of payment parity for a physician visit in a bricks and mortar in-office setting and the same evidence-based visit that can be achieved remotely utilizing telehealth technology – it is simply a different delivery modality.

The reality is that many commercial payers are required by state law to reimburse for telemedicine – often at the same rate as a comparable in-person service. The state of Ohio lags behind 30 other states that have already passed laws (and several others that have pending legislation) creating a structure for reimbursement of telemedicine services. Those states have payment parity between telehealth services and in-office services. The language included in the House passed version of HB 49 aligns Ohio with these other states.

In closing, as reported in a recent article by The Columbus Dispatch recently, “at least 4,149 Ohioans died from unintentional drug overdoses in 2016, a 36% leap from just the previous year, when Ohio had by far the most overdose deaths in the nation. And, the grim toll is getting worse: many coroners indicate that overdose fatalities in 2017 are outpacing the number of lives lost in 2016.

I'm sure the Senate shares our concerns and desire to improve access to mental health services in a cost-effective manner. Telemedicine will achieve this aim by facilitating care when needed regardless of proximity of care, helping those in underserved areas of the state recover from illnesses that otherwise jeopardize family unity, decrease employee productivity and increase criminal justice costs. Not to mention human suffering and increased deaths. Now is the time to make this critical change. Now is the time to do the right thing to keep the telemedicine provision in HB 49 so that more Ohioan's have access to life-saving services and treatments – so they don't become just a part of the rapidly increasing statistic of Ohio overdose fatalities.