



The Ohio House of Representatives  
**House Families, Aging & Human Services Committee**  
Representative Susan Manchester, Chair

SENATE BILL 6  
PROPONENT WRITTEN TESTIMONY

Chairman Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging & Human Services Committee, thank you for the opportunity to provide written testimony in support of Senate Bill 6 (“SB 6”), which enters Ohio as a participating state in the Interstate Medical Licensure Compact (“the IMLC”). The IMLC enables physicians who wish to practice in multiple states to apply for expedited licenses to practice in other member states assuming certain qualifications are met (e.g., verified education and a background check conducted by the physician’s state of principal license). This multistate license will be issued by the medical licensing board of that physician’s home state, defined as the physician’s primary state of residence.

Recognizing that physicians will increasingly practice in multiple states as a result of increased use of telemedicine, U.S. state medical boards in 2013 began actively discussing the idea of creating the Compact in order to help streamline traditional medical-license application processes. Introduced in 2014 with assistance from the Federation of State Medical Boards, the IMLC is a legal agreement between participating states to streamline the licensing process for providers that wish to practice across state lines. Currently more than half of the United States (29 states), the District of Columbia, and the Territory of Guam belong to the IMLC<sup>1</sup>. The purposes of reciprocal licensure are several, but one of our particular interests in this bill is to increase the use of telehealth, which will save money, time, and improve access to care.

University Hospitals is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 16 Northeast Ohio counties. The hub of our 22-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center of which Rainbow Babies & Children’s Hospital (UH Rainbow) is a significant part. Included on UH’s main campus are University Hospitals Rainbow Babies & Children’s Hospital, among the nation’s best children’s hospitals; and University Hospitals Seidman Cancer Center, part of National Cancer Institute-designated Case Comprehensive Cancer Center at Case Western Reserve University (the nation’s highest designation). UH strives to strengthen the health care needs of our community by providing outstanding service, the highest quality clinicians and using innovative techniques. SB 6 ensures that hospital systems in Ohio, like the University Hospitals system, expand access to care and leverage the use of new medical technologies, such as telemedicine.

The COVID-19 pandemic has demonstrated the importance of flexibility, preparedness, and the supply of medical professionals during a widespread health crisis. Patients have long traveled across state lines for specialty care, but the COVID-19 pandemic has demonstrated that this care, particularly delivered through telehealth, can also help alleviate access issues across many areas of health care. Staffing shortages have become one of the major issues for healthcare systems across Ohio as the COVID-19 pandemic continued on throughout 2020 and into 2021. Having the ability to more easily work across state lines to employ necessary and lifesaving help during times of a pandemic is an important safeguard for Ohio to have in place.

Looking beyond the public health emergency, one important way lawmakers and health care regulators can permanently facilitate access to care is by allowing providers and patients to connect with each other regardless of

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<sup>1</sup> <https://www.imlcc.org/a-faster-pathway-to-physician-licensure/>

their physical location. States are moving quickly to give healthcare providers the freedom to practice across state lines, opening the door to broader and more flexible telehealth networks and improved access to care.

The Government Accountability Office (“GAO”) said it best when it described telehealth as having the potential to improve or maintain quality of care, increase access and convenience to patients, and alleviate provider shortages.<sup>2</sup> At UH, we believe the success we have encountered using telehealth with our patients provides a snapshot of the advances that could be achieved across the health care delivery system. Within one year, UH ramped up telehealth services to provide our patients more than 100 times the number of virtual visits previously provided – to more than 22,000 virtual visits in one week. Through these virtual visits we are seeing positive results for patients who may not have otherwise been able to access necessary care.

Telehealth improves access to care, including among vulnerable patient populations. Telehealth flexibilities during the pandemic have helped to remove socioeconomic and geographic barriers to care, while making healthcare more convenient and safe for patients to access care. According to our patient experience survey of at least 7,000 patients, 75% of our patients are “very satisfied with their overall experience” using telehealth. Using telehealth patients are more likely to get the care they need as “no-show” rates occur at less than half the rate they do for in-person visits. Through Emergency Department telehealth consultations, UH has been able to reduce avoidable Emergency Department visits among a historically high utilizing cohort of patients. Accordingly, improving access to telehealth by joining the IMLC will drive higher value care with reduced costs to both patients and the government.

Upon licensure via the IMLC, the physician will be under the jurisdiction of the medical board in the state where the patient is located. Thus, the State Medical Board of Ohio preserves its authority since physicians will still have to be fully vetted and licensed to practice in Ohio in accordance with Ohio’s high standards.

The IMLC also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The IMLC provides that any disciplinary action that is taken by a member state’s medical licensing board against a physician licensed through the Compact is deemed unprofessional conduct that may be subject to discipline by other member boards, in addition to any violation of the medical practice act or laws in that state. If a physician’s license from the physician’s state of principal license is revoked, suspended, or otherwise surrendered, then all licenses issued to the physician by other member boards are automatically placed on the same status.

We urge you to support SB 6 and to help ensure that Ohio becomes a part of the national growing trend of uniform licensure for medical providers. SB 6 will reduce administrative burdens for physicians and allow qualified Ohio physicians to obtain expedited licenses from other compact states. This legislation would also promote access to telehealth, while improving access to care. For instance, Ohioans who travel to warmer climates through the winter would be able to more efficiently receive regular care by their physicians in Ohio. The IMLC has been operating for approximately four years and is nearing participation of nearly two-thirds of the states, and we do not want to see Ohio lagging behind.

Thank you Chairman Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging & Human Services Committee for this opportunity to provide feedback on this important legislation.

**Christopher N. Miller, MD, MS**  
**President, UH Clinical Network**  
University Hospitals Health System  
11100 Euclid Avenue  
Cleveland, OH 44106

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<sup>2</sup> Government Accounting Office June 2017 report on “Telehealth Use in Medicare and Medicaid.”