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Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to provide proponent testimony on House Bill 122.

UC Health is an integrated academic health system serving the Greater Cincinnati region. In partnership with the University of Cincinnati, UC Health combines clinical expertise and compassion with research and teaching. As the region's academic health care system, patients travel to UC Health for subspecialized, world-class care only we can provide. We are innovators, relentless in our pursuit of the best in medicine and able to care for the most complex and critically ill patients. We hold the highest standard of patient care, clinical research and medical education.

Prior to COVID-19, UC Health began expanding telehealth services. We recognized the great benefits expanding access to health care and the improved quality of care patients receive if they choose to communicate with their health care provider via telehealth. When the COVID-19 pandemic began impacting the United States, the state expanded telehealth access through the promulgation of emergency rules. Because of this additional avenue to access health care, UC Health patients have seen a great benefit to the rise of telehealth in Ohio. To ensure this option of delivering and receiving health care in a post-COVID-19 world, it is essential Ohio takes the necessary steps to update the Revised Code to establish telehealth for both commercial and Medicaid beneficiaries.

House Bill 122 accomplishes this vital goal by enumerating the types of providers that can deliver telehealth services, and by allowing certain providers to bill Medicaid for these services. This legislation includes much of the language debated in HB 679 that would have permitted certain Ohio clinicians to provide telehealth services to out-of-state patients if the patient's home state permitted telehealth.

House Bill 679 of the previous General Assembly was language we strongly supported, but if enacted, House Bill 122's additions greatly advance telehealth public policy in Ohio. This bill is improved by increasing the types of providers that may provide telehealth services to patients by including pharmacists and genetic counselors. Pharmacists and genetic counselors provide vital health care services to our patients, and they can deliver this care through telehealth. House Bill 122 also improves upon previous telehealth legislation by clarifying the costs of remote monitoring devices used by physicians, physician assistants, or advanced practice registered nurses may be billed to the health insurer when used for the purposes of delivering telehealth. Remote monitoring devices are necessary to provide to the patient so both access and quality of health care can be expanded and improved. House Bill 122 states that these devices include, but are not limited to, monitoring a patient's blood pressure, heart rate, or glucose level.

If enacted, House Bill 122 could improve access to health care for millions of Ohioans and out-of-state UC Health patients. UC Health strongly supports the passage of HB 122, and we greatly appreciate Representative Frazier and Representative Holmes' leadership on this important issue.

Thank you for your consideration of this vital piece of legislation. Please contact me at any time if I may answer any questions from the committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Evie Alessandrini". The signature is written in a cursive, flowing style.

Evie Alessandrini, MD, MSCE
Executive Vice President and Chief Medical Officer
Interim Chief Operations Officer