



The Ohio Senate  
**Senate Health Committee**  
Senator Steve Huffman, Chair

HOUSE BILL 122  
PROPONENT WRITTEN TESTIMONY

Chair Huffman, Vice-Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide written testimony in support of House Bill 122 (“HB 122”), which would provide telehealth coverage under Medicaid and commercial health plans.

University Hospitals (“UH”) is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 16 Northeast Ohio counties with over 30,000 caregivers. The hub of our 23-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center known for advanced care. 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). University Hospitals strives to strengthen the health care needs of our community by providing outstanding service, the highest quality physicians and nurses, and using innovative techniques. HB 122 ensures that hospital systems in Ohio, like UH, may improve access to and reduce the cost of care.

UH would like to take this opportunity to thank you, the bill sponsors of HB 122, and the Ohio Department of Medicaid (“ODM”) for the work you have done, and continue to do, to assist health care systems, like UH, deliver necessary care to our patients throughout the public health emergency (“PHE”) by providing numerous telehealth flexibilities that rewards high value care and stimulates innovation such as providing care at home. Your leadership in these efforts have improved the value of care for many. To that end, we appreciate the opportunity to provide written proponent testimony on HB 122.

The flexibility to provide additional telehealth services during the PHE has proven to be a life-saving tool during this COVID-19 pandemic and should continue beyond the pandemic to improve patient care, increase efficiencies, and reduce costs for patients and the government. We believe our successful use of telehealth demonstrates the improvements that could be achieved across the health care delivery system. We appreciate that ODM has acknowledged this through its recent rulemaking, and HB 122 will provide permanency and certainty afforded through a statutory change.

HB 122 is also critically important because it ensures continued access to telehealth in the commercial insurance market<sup>1</sup>. Also, it expands the list of the providers who can utilize telehealth to include specialties such as psychologists, pharmacists, optometrists, physical therapists, occupational therapists, dietitians,

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<sup>1</sup> HB 122 applies to health benefit plans, as defined in section 3922.01 of the Revised Code.

social workers, audiologists, speech-language pathologists, and many licensed counselors. We appreciate that new providers were added to the legislation compared to last General Assembly, including genetic counselors. This makes it easier for our patients to access their health care services in a cost-effective and convenient manner.

The flexibility to provide additional telehealth services during the PHE has proven to be a life-saving tool during this COVID-19 pandemic and should continue beyond the pandemic to improve patient care and increase efficiencies. 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> 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:

- **Demand:** Within one year, UH ramped up telehealth services to provide our patients more than 40 times the number of virtual visits we previously provided, and we are seeing positive results for patients who may not have otherwise been able to access necessary care.
- **Utilization:** More than 50% of our outpatient visits during the stay-at-home order issued in Ohio were via telehealth. Post-reopening, approximately 15% of outpatient visits continue to occur via telehealth, with the highest utilization in behavioral health and primary care. These areas are critical in preventative care at reducing severity of co-morbidities such as hypertension, diabetes, and psychological pathologies that increase the cost of care.
- **Not driving up the cost of health care delivery:** It is important to note that our number of total visits (in-person plus virtual) during the pandemic did not appreciably change year to year. Instead, we have found virtual visits in many circumstances can *replace* in-person visits (rather than add new visits that leads to higher health care utilization).
- **High satisfaction and improved access to care:** Telehealth flexibilities during the pandemic have helped to remove socioeconomic and geographic barriers to care, while making it 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.
- **Reducing barriers as patients are more likely to get necessary care:** No show rates occur at approximately half the rate they do for in-person visits.
- **Preventing avoidable utilization and costs:** Through Emergency Department (ED) telehealth consultations, UH has been able to reduce avoidable ED visits and prevent transfers of patients between hospital facilities. For example, over the last year our Pediatric ED Telehealth Consultation service has prevented facility to facility patient transfers at a rate of 75%, saving over \$150K in costs.<sup>3</sup>

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

<sup>3</sup> Presented by UH Digital Health Dept, “It Takes A Virtual Village: Creating Pediatric ER Telehealth,” Speaker: Brian D’Anza, MD, at the Healthcare Information and Management Systems Society (HIMSS) International Conference in Las Vegas, NV, August 11, 2021.

- **Audio-only visits are a significant part of telehealth:** Since the beginning of the pandemic, UH providers have conducted a total of 164,026 audio-only visits. This has represented approximately 29% of all telehealth visits. This type of patient-provider interaction will continue to be important for vulnerable populations who often encounter barriers to attending in-person visits or accessing high-bandwidth internet connections often required for video visits.

Additionally, remote physiologic monitoring (“RPM”) is a game-changer to enhance value-based care. RPM promotes innovation for higher value care with reduced costs to both patients and the government. Importantly, it reduces risks to patients while improving health outcomes and lowering the cost of care. It is 10 to 20 times less expensive to care for people at home than in the hospital. We appreciate that this bill would promote access to RPM beyond the PHE, which would prove helpful to our acutely ill patients. Many of these patients have chronic diseases and can be kept healthy and safe at home with early interventions to reduce morbidity and mortality.

One such example involved a 75 year old female patient with a history of asthma and chronic obstructive pulmonary disease who was found to have flu at an office visit. She was sent home with RPM for oxygen saturation and other vitals. Twenty-four (24) hours later, she was found to have reduced oxygen levels and was put on home oxygen via nasal cannula. The use of RPM helped avoid a medical admission and hospital stay, thereby improving the patient’s outcome and decreasing costs for both the patient and the government. Another example involved a 60 year old patient with a medical comorbidity of heart failure. He was discharged home with a blood pressure and heart rate monitoring RPM device. Forty-eight (48) hours later he was found to have increasing heart rate and lower respiratory rate, prompting an increase in heart failure medications, which avoided a readmission to the hospital.

In sum, we support HB 122 as it will solidify telehealth coverage through a statutory change. This statutory clarity will encourage our decisions to invest in Telehealth infrastructure to continue meeting our patients wherever they can be best served. Importantly, HB 122 also promotes access to telehealth in the commercial insurance market. Providing a more certain future for the use of telehealth will improve quality of care well beyond the pandemic; reduce costs; alleviate provider shortages; and increase access and convenience to patients. Of course, we greatly appreciate the opportunity to work with the legislature to continue to refine the language of HB 122. We look forward to an ongoing dialogue with this Committee and the bill sponsors regarding improvements or language changes that may occur.

Thank you Chair Huffman, Vice-Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee for this opportunity to provide feedback on this important legislation.

**Jeffrey Sunshine, MD, PhD**  
**Chief Medical Information Officer**  
University Hospitals Health System  
11100 Euclid Avenue  
Cleveland, OH 44106