

**Ohio Senate Health Committee
November 17, 2021**

**Testimony of Luke Russell, Deputy Director
National Alliance on Mental Illness of Ohio**

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and Members of the Senate Health Committee, my name is Luke Russell, and I am the Deputy Director of the National Alliance on Mental Illness of Ohio, often referred to as NAMI Ohio.

NAMI Ohio is asking for swift passage of Ohio House Bill 122, and are writing in support of the bill. We do want to express to you our concerns about the inclusion of amendments to House Bill 122 that will slow down the passage of this important legislation. Telehealth is an important care delivery method for improving access in underserved Ohio communities, particularly rural areas with physician shortages and other healthcare services. Telehealth can help reduce gaps in access to services and care, including access to primary care and specialized providers when in-person visits are not a safe or feasible option. With constantly evolving medical technology, legislation is needed to appropriately regulate this growing service in Ohio, and to encourage its continued adoption and use, beyond the COVID pandemic.

We are proud that we are the largest mental health advocacy organization in the country representing over 500,000 Ohio citizens and their families whose lives have been invaded by mental illness. NAMI Ohio has 40 affiliates throughout Ohio representing all 88 counties. Each of you have constituents with mental illness and their families who have experienced the need for quality and accessible mental illness services.

Telehealth is not a replacement for traditional healthcare, but rather an enhancement. We can expand healthcare treatment options in Ohio while maintaining high standards of care and patient protections. NAMI Ohio strongly encourage the Ohio legislature to keep the bill as streamlined as possible. Any delay in the legislation at this point in the process will eliminate the consistency patients, providers and payers need to ensure that those wanting to utilize telemedicine can do so with as much ease as possible. NAMI Ohio urge that amendments that may jeopardize the passage by the Senate, concurrence of the House or signature of the Governor be taken up as separate, stand-alone bills to avoid unnecessary delays or complete defeat of the House Bill 122.

If there is a silver lining of the COVID pandemic is that more people were able to access mental health and substance use disorder services via telehealth. Telehealth has served as a lifeline for many Americans struggling with isolation, grief, future uncertainty, and other stressors this past year. NAMI Ohio believes telehealth coverage for mental health should be strengthened and expanded across all

settings and forms of health coverage, including allowing reimbursement for new patients seen via telehealth. At the same time, insurers should be encouraged to promote patient privacy protocols when people use telehealth services. Additionally, further research should be prioritized to ensure that increased telehealth does not replace or reduce access to more intensive services for people with severe or complex mental health and/or substance use conditions. It is critical to support research that allows us to better understand how to best deploy different modes of treatment to best serve individual needs.

Telehealth proved popular among patients and physicians. Permanently lifting those restrictions -- as many state and federal lawmakers are now trying to do -- would increase Americans' access to health care and lower costs without sacrificing the quality. The use of telehealth skyrocketed. A study of 36 million patients found that telehealth visits [accounted for a quarter of all medical visits](#)¹ during the first four months of the pandemic, compared to just 0.3% of visits over that same period in 2019. Telehealth also gained widespread support. A survey² from the Harris Poll found 82% of respondents who used telehealth services either "love" or "like" them. Doctors also support telehealth. A survey of more than 1,000 health care organizations found that over 75% of physician respondents said telehealth [allowed them to provide quality care](#)³ to patients.

That added convenience is meaningful for Ohio patients. More than 1.7 million residents live in [places with limited access to primary care doctors](#)⁴. Virtual physician visits would make those geographic barriers irrelevant. Indeed, an [analysis](#)⁵ from the Columbus-based Buckeye Institute concluded that greater telehealth access would make rural patients "more likely to seek care when they need it, rather than forego care and allow conditions to worsen." Second, telehealth saves patient's money. A 2018 study found that the average telemedicine visit resulted in [net cost savings between \\$19 and \\$121 per visit](#)⁶. Third, research⁷ shows that the quality of virtual care isn't lower than in-person care. And fourth, expanding telehealth makes the health care market more competitive. That leads to lower costs and higher-quality services.

Thank you for your time and attention today, and I am open to any comments or questions you may have regarding NAMI Ohio's support of HB 122. Feel free to contact me at Luke@namiohio.org or 614-224-2700.

1. <https://www.healthcareitnews.com/news/study-365m-people-reveals-huge-jump-pandemic-telehealth-use>
2. <https://theharrispoll.com/telehealth-new-normal-healthcare/>
3. <https://newsnetwork.mayoclinic.org/discussion/nationwide-survey-finds-physician-satisfaction-with-telehealth/>
4. <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?activeTab=map¤tTimeframe=0&selectedDistributions=total-primary-care-hpsa-designations&selectedRows=%7B%22states%22:%7B%22ohio%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
5. <https://www.buckeyeinstitute.org/library/docLib/2020-09-23-New-Buckeye-Institute-Report-Outlines-Benefits-of-Telehealth-Urges-Ohio-Policymakers-to-Permanently-Expand-Access-policy-report.pdf>
6. [https://www.ajemjournal.com/article/S0735-6757\(18\)30653-3/fulltext](https://www.ajemjournal.com/article/S0735-6757(18)30653-3/fulltext)
7. <https://www.ncbi.nlm.nih.gov/books/NBK379320/>