## As Introduced

132nd General Assembly Regular Session 2017-2018

H. B. No. 617

**Representative West** 

## A BILL

То	enact	sect	cion	3701	.751	of	the	Revised	Code	to		1
	establ	ish	the	Ohio	Tele	ehea	lth	Commissi	on.			2

## BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 3701.751 of the Revised Code be	3
enacted to read as follows:	4
Sec. 3701.751. (A) There is hereby created the Ohio	5
telehealth commission. The commission shall consist of all of	6
the following members:	7
(1) Each of the following individuals appointed by the	8
governor:	9
(a) One representative of a health care facility;	10
(b) One health care practitioner;	11
(c) One health care workforce educator;	12
(d) One individual with knowledge or expertise in	13
telehealth or health information technology;	14
(e) One representative of the telecommunications industry;	15
(f) One representative of the business community;	16

(g) One representative of a health insurer;	17			
(h) One representative of a labor union whose members work	18			
primarily in the health care field;	19			
(i) One member of the commission on minority health;	20			
(j) Two members of the general assembly, one from the	21			
majority party and one from the minority party.	22			
(2) The following individuals or their designees: the	23			
directors of aging, developmental disabilities, education,	24			
health, job and family services, and rehabilitation and	25			
correction; the medicaid director; the executive director of the	26			
office of health transformation; and the chairperson of the	27			
public utilities commission.	28			
(B)(1) Not later than thirty days after the effective date	29			
of this section, the governor shall make initial appointments to	30			
the commission. Of the members described in divisions (A)(1)(a)	31			
to (h) of this section, four shall be appointed to initial terms	32			
of two years and four shall be appointed to initial terms of	33			
three years. Thereafter, terms of office for the members	34			
described in divisions (A)(1)(a) to (h) shall be three years,	35			
with each term ending on the same day of the same month as the	36			
term it succeeds. Each of these members shall hold office from	37			
the date of appointment until the end of the term for which the	38			
member was appointed. Members may be reappointed.	39			
The members described in divisions (A)(1)(i) and (j) and	40			
division (A)(2) of this section shall hold office until the date	41			
they are no longer serving in their respective positions				
described in those divisions.				
Vacancies shall be filled in the same manner as original	44			
appointments. Any member appointed to fill a vacancy occurring				

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prior to the expiration of the term for which the member's	46				
predecessor was appointed shall hold office for the remainder of					
that term. A member shall continue in office subsequent to the					
expiration date of the member's term until the member's	49				
successor takes office or until a period of ninety days has	50				
elapsed, whichever occurs first.	51				
Members shall serve without compensation, but shall be	52				
reimbursed for the actual and necessary expenses they incur in	53				
the performance of their official duties.					
(2) The governor shall select from among the commission's	55				
members a chairperson and vice-chairperson. The commission shall	56				
meet at the call of the chairperson or vice-chairperson, but not	57				
less than two times each year. A majority of the members of the	58				
commission constitutes a quorum. The department of health shall	59				
provide meeting space, staff, and other administrative support	60				
in order for the commission to carry out its duties.	61				
(C) The commission shall examine telehealth, in particular	62				
the use of electronic information, imaging, and communication	63				
technologies to provide, support, and improve health care	64				
access, delivery, diagnosis, consultation, treatment, and the	65				
transfer of medical data. The commission shall review and make					
recommendations on all of the following:	67				
(1) The ways in which telehealth and health information	68				
technologies, including products, devices, or systems allowing	69				
for the secure collection, storage, exchange, or management of	70				
patient information, may be used to increase access to and	71				
reduce costs associated with health care, attract and retain	72				
health care providers in rural or underserved areas, and	73				
implement comprehensive health plans at the state level;					

(2) Any barriers to the use or expansion of telehealth.75including those related to payment, infrastructure, training,76and workforce availability:77(3) The telecommunications services, assets, and78infrastructure present in this state and the potential financial79impact of developing or failing to develop such capabilities for80purposes of telehealth services;81(4) The coordination of public and private sector82initiatives to enhance networking, portal development, and83connectivity in an effort to expand telehealth and84telecommunications capacity;85(5) The ways in which the collaborative efforts of public86and private partnerships may serve to increase and improve the87use of telehealth standards and quidelines that may90as protect patient privacy and confidentiality;91(7) Any initiatives, projects, or grant applications92involving telehealth at the state level.93(D) The commission may establish subcommittees as it94considers necessary to fulfill its duties or to address specific95
and workforce availability;77(3) The telecommunications services, assets, and infrastructure present in this state and the potential financial impact of developing or failing to develop such capabilities for purposes of telehealth services;78(4) The coordination of public and private sector initiatives to enhance networking, portal development, and connectivity in an effort to expand telehealth and telecommunications capacity;83(5) The ways in which the collaborative efforts of public and private partnerships may serve to increase and improve the use of telehealth standards and quidelines that may improve the quality of patient care and health outcomes as well as protect patient privacy and confidentiality;89(7) Any initiatives, projects, or grant applications involving telehealth at the state level.90(1) The commission may establish subcommittees as it94
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telehealth concerns. 96
(E) The commission shall prepare on an annual basis a 97
report describing the status of the telehealth system within the 98
state and the adequacy and allocation of telehealth services 99
throughout the state. The report shall also include the 100
recommendations described in division (C) of this section and 101
<u>may include any other recommendations the commission considers</u> 102
necessary. Not later than the thirty-first day of December of 103

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each year, the commission shall submit the report to the general	104			
assembly in accordance with section 101.68 of the Revised Code	105			
and to the governor.				
(F) The commission is not subject to sections 101.82 to	107			
101.87 of the Revised Code.				