

To: Members of the Ohio House Insurance Committee

Fr: Joe Rosato, Director of Government Relations, Ohio State Medical Association

Da: June 2, 2020

Re: HB 679

The Ohio State Medical Association (OSMA) appreciates and commends the Ohio House for taking action on the critical issue of telemedicine. Amidst the ongoing public health emergency presented by COVID-19, many Ohio physicians have taken the opportunity to safely provide care via telehealth during this period. Telemedicine presents a valuable opportunity to better serve certain patient populations, such as those living in rural areas, elderly and disabled patients who cannot easily travel, and people in need of behavioral health care services. OSMA is a longtime advocate for increased access to telemedicine and we are looking forward to continuing to work with elected officials and other interested parties to make access to telehealth easier and more affordable for both physicians and their patients.

Our association would like to offer several technical suggestions regarding the current version of House Bill 679. Please see the specific line numbers from the bill indicated below with our comments.

Lines 82-84

These lines would treat telehealth provided by audio only or by email more favorably than telehealth services administered via other means (such as audio/video). Given the vast and changing scope of technology, OSMA suggests that elimination of cost-sharing requirements not be limited to telehealth services delivered by telephone or email, but should encompass all other methods.

Lines 89-94

The determination of payment for providers administering telehealth services outlined by these lines in the bill is not consistent with how providers are paid now. We find fundamentally changing the way that providers are reimbursed concerning and believe these provisions require further discussion.

Lines 200-204, and 214-219

These requirements currently reside in administrative rule set forth by the state medical board, and therefore, can be lifted as needed, as many have for the duration of the COVID-19 pandemic. As the landscape of telehealth rapidly changes as technology advances, administrative rules can be adjusted or lifted in an easy and timely manner should circumstances prove

necessary. For that reason, OSMA requests that these provisions be removed from the bill.

Lines 223-225

It appears these lines intend to address the potential problem of health care providers practicing within the scope of practice laws of the state in which the patient is located. OSMA appreciates the inclusion of this language in the bill; however, as the provider must also practice within the scope of practice laws of Ohio (the state in which they are licensed), we request that additional language be included in HB 679 to reflect that as well.

Lines 240 – 242

This language appears to prohibit providers from providing remote patient monitoring services. In addition, OSMA has questions on who would bear the cost of the devices, and how health care providers would be reimbursed.

Lines 244-246

This provision would exempt telehealth services from the requirement for patient consent before billing for care delivery. OSMA believes that it is still important for patients to provide informed consent before being billed for telehealth services, so we suggest that for the protection of patients, these lines be changed to instead require a one-time consent for patients exclusively being seen via telehealth similar to how billing consent is received from a patient done for an initial in-person visit.

Line 267 – 281

These lines define what services are able to be delivered via telehealth. This seems to be contradictory to earlier lines 112 - 114 in the bill which mention coverage parity. Therefore, we would recommend lines 267 – 281 be removed.

Lines 324-327

This language would limit where patients can receive telehealth services, and in effect, exclude their own homes. Currently, many patients are safely receiving care at home through telehealth to help prevent the spread of COVID-19. As these provisions would undermine the intent of the bill by severely restricting delivery of telehealth services and excluding many patients from the ability to receive care through telehealth, OSMA requests that these lines be removed.

Lines 447 – 479

These lines define what services are able to be reimbursed via telehealth. This seems to be contradictory to earlier lines 112 - 114 in the bill which refer to coverage parity. Therefore, we would recommend lines 447 – 479 be removed.

We would be remiss not to mention reimbursement parity for telehealth services, which has been one of our highest priorities in the efforts to facilitate telehealth access. OSMA continues to strongly

encourage that health plans be required to reimburse health care professionals for telehealth services at the same rate as in-person services. Provided that such services are clinically appropriate to be delivered via telehealth, these services should be reimbursed at the same level as they would be reimbursed if delivered in-person. This would be a strong tool to empower more widespread utilization of telehealth across the state.

In our efforts to improve access to care, we are dedicated to ensuring that care is just as high-quality as it would be if the provider and patient were in the same room, and that through telehealth we maintain those connections between physician and patient, and the essential human element to the practice of medicine.

Thank you for your consideration of our comments on HB 679. We look forward to discussing this legislation further and encourage you to contact us with any questions.